



American Legion Auxiliary  
 Department of California  
 Poppy  
Unit Mid-Year Report

Unit Name \_\_\_\_\_ Unit # \_\_\_\_\_ District # \_\_\_\_\_

Chairman Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

- 1) Number of Poppies Ordered? \_\_\_\_\_
- 2) Was this an increase from last year? \_\_\_\_\_ Amount of Increase \_\_\_\_\_
- 3) Was this a decrease from last year? \_\_\_\_\_ Amount of Decrease \_\_\_\_\_
- 4) Did or will the Unit order Poppy Seals? \_\_\_\_\_ How Many \_\_\_\_\_

Did or will the Unit participate in:

Poppy Usage Contest (DEC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will <input type="checkbox"/>
Poppy Poster Contest	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will <input type="checkbox"/>
Poppy Window Display	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will <input type="checkbox"/>
Poppy Display (Convention)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will <input type="checkbox"/>
Miss Poppy / Little Miss Poppy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will <input type="checkbox"/>

How will the Unit promote the Poppy Program?

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Please submit a supplemental report describing what the Unit did to promote the awareness of the Poppy and how this program benefits our Veterans.

**REPORT DUE TO THE DISTRICT CHAIRMAN NO LATER THAN DECEMBER 1, 2017**

