



AMERICAN LEGION AUXILIARY
DEPARTMENT OF CALIFORNIA
AUXILIARY EMERGENCY FUND

Year End **DISTRICT** Report Form 2017-2018

District # _____ No. of Units _____ No. of Units Reporting _____

Chairman Name: _____

Address: _____

City: _____ Zip: _____

Email: _____

1. Did your District donate to Auxiliary Emergency Fund? Yes No Amount \$ _____
A. How many Units donated? _____ total Donated by Units: \$ _____
2. Number of Units that have a line item in their Annual Budget for Auxiliary Emergency Fund? _____
3. Number of Units that discussed increasing AEF in their Budget? _____
4. Total District and Unit Contribution? _____
5. Did your District hold a fundraiser for the Auxiliary Emergency Fund? Yes No
A. Number of Units holding fundraiser: _____
6. How many members submitted applications for assistance?
A. How many for Emergency Assistance? _____
B. Disaster Assistance? _____
C. Education Assistance? _____
7. Did you actively tell members about the program? Yes No
8. Did you hand out AEF Brochures and applications? Yes No
9. Are you submitting a Supplemental Report describing your AEF activities:
To Department? Yes No To National? Yes No

This report must reach the Department Auxiliary Emergency Fund Chairman NO LATER than May1, 2017 –
Please allow time for mailing

Department AEF
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