American Legion Auxiliary Department of Arizona Annual Report Form

Past Presidents Parley 2023-2024

| Please complete this form and return to me either by regular Mail or Email: Cindy Queen, 4718 S. Adelle Circle, Mesa, AZ 85212 OR cynqueen53@cox.net | |
|---|----------------------------|
| REPORT FORM MUST BE RECEIVED BY MAY 1, 2024 UNIT NAME AND NUMBER:Unit 1 | |
| | viembersinp count |
| UNIT CHAIRMAN: | |
| HOME ADDRESS: | ******* |
| 1. Does your Unit have an active Past President Parley? Yes | s No |
| 2. If so, number of members in your Parley? | |
| 3. Does your Parley include other Units? Yes No | |
| If yes, how many Units and include the name and how many | y members of the Unit |
| 4. Did your Parley contribute to the Department Nurses Scholarsh Yes No If so, donation amount. \$ | nip Fund? |
| 5. Does your District have an active Past Presidents Parley? Yes_ If so, number of members in the Parley | No |
| 6. Did your District Parley contribute to the Department Nurses S Yes No If so, donation amount. \$ | cholarship Fund? |
| 7. Does your Unit or Parley honor Female Veterans? Yes If so, please give a short explanation. | |
| 8. Are your Parley members attending the Department Past President Convention: Yes No | dents Parley Luncheon held |
| 9. Do your Unit past presidents' mentor members? Does your Un | it or District honor Past |
| Presidents? If so, please give a short explanation. | |
| 9. Are you entering a narrative for the following Department Plag | ues? |
| Arizona Active Past Presidents Plaque Yes | • |
| Cora Grigg Past Presidents Parley Plaque Yes | No |