

**Department of Arizona**  
**Auxiliary Emergency Fund Year End**  
**Report 2023-2024**

Return to: Patti Hartfiel, P.O. Box 732 Humboldt, Az 86329 or email to [pjhplace@aol.com](mailto:pjhplace@aol.com). Your Year End Reports form is due to me by May1, 2023.

Unit# \_\_\_\_\_ Unit Chairman: \_\_\_\_\_

Unit Mailing Address \_\_\_\_\_

**1. Did your Unit donate to the National Auxiliary Emergency Fund?**

Yes \_\_\_ No \_\_\_ What was the total donated amount? \$ \_\_\_\_\_

**2. Did an individual(s) donate to AEF? Yes \_\_\_\_\_ No \_\_\_\_\_**

Name(s) \_\_\_\_\_ amount \_\_\_\_\_

\_\_\_\_\_ amount \_\_\_\_\_

\_\_\_\_\_ amount \_\_\_\_\_

\_\_\_\_\_ amount \_\_\_\_\_

**3. Did you have a special fund raiser for AEF: Yes \_\_\_\_\_ No \_\_\_\_\_**

Describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Did member(s) in your unit receive assistance from the National AEF in 2023-2024?**

Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_

**5. What resources were used to assist your members?**

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**6. Does your unit have an assistance fund to help members?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**7. Is your unit submitting a narrative detailing the way the AEF program was promoted to compete for the “Patricia M Lee – Gloria Elliott Memorial Plaque?”**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Be sure to include a copy of this report as the last page.**

# AMERICANISM

Annual Report 2023-2024

Please return your Unit's report/narrative by May 1, 2023

Maggie Montijo Po Box 155 Pomerene, AZ 85627 maggiemontijo@gmail.com

520-904-1814

Unit Number \_\_\_\_ Americanism Chairman \_\_\_\_\_ Number of 2024 Members \_\_\_\_

1. Did your Unit promote community activities for Veterans Day? \_\_\_\_ How?
2. Did your Unit participate in remembering Veterans in the community though out the year? \_\_\_\_ If so, what activities did you do (cards, letters, meals, etc.)
3. How did your Unit observe patriotic holidays?
4. Did your Unit encourage participation in the Americanism Essay Contest? \_\_\_\_ How many were submitted for judging? \_\_\_\_\_
5. Did your Unit go into the local schools to teach flag/pledge etiquette? \_\_\_\_ How many were involved?
6. Did your Unit support The American Legion programs, such as Baseball, Oratorical Contest, Junior Shooting Sports, ALLECA? \_\_\_\_\_ How?
7. When and where did members use the Star-Spangled Kits for children and youth?
8. Did Unit members wear and display Auxiliary Emblems?
9. Have elevator speeches been written or given to explain the American Legion Auxiliary to potential members? \_\_\_\_\_ How many? \_\_\_\_\_
10. How many Unit members have participated in color guards in parades, at conferences, at conventions, or other activities? \_\_\_\_ How?
11. How have your Juniors been involved in the Americanism program?
12. How many initiations did your Unit conduct? \_\_\_\_\_ What does the Chaplain say in the second line of the second paragraph about Americanism?
13. Has your Unit enclosed a narrative for a department competition Americanism Plaque this year?  
An extra page or the reverse of this form may be used if needed, for all questions.

# Children and Youth Program End of Year Report

## Department of Arizona 2023-2024

Return to: Katie Wojahn - PO Box 10131 Glendale AZ 85308

**katherinewojahn@gmail.com Due May 1<sup>st</sup>, 2024**

Unit Name & Number \_\_\_\_\_

Chairman \_\_\_\_\_

Chairman Email. \_\_\_\_\_

Hours Volunteered? \_\_\_\_\_ Monies spent? \_\_\_\_\_

Monies spent on Goods for youth activities (parties, Backpacks/school supplies, clothing, etc.) \_\_\_\_\_

Monies donated to child service Charities. \_\_\_\_\_

Did your unit have JROTC interaction? \_\_\_\_\_

Any Americanism Contest participation? \_\_\_\_\_

Military kids month/purple up? Military Kids Table? \_\_\_\_\_

Number of Children and Youth Served? \_\_\_\_\_

Awards, grants, scholarships did your unit apply for? \_\_\_\_\_

If so what ones? Attach separate sheet. \_\_\_\_\_

What activities/events were held/assisted by your unit pertaining to the Children and Youth Program (attach separate sheet if needed)

\_\_\_\_\_

How many kids did you nominate for Youth Heroes Award \_\_\_\_\_

Good Deed Award? \_\_\_\_\_

Did your unit disperse ALA Coloring books? \_\_\_\_\_

Monies donated to the Children and Youth Fund? \_\_\_\_\_

Did your unit make VA Activity Bags with Juniors? \_\_\_\_\_ If so how many? \_\_\_\_\_

Did your unit make/send cards to VA/VA Homes or deployed military?

\_\_\_\_\_

**UNIT CHAPLAIN'S – REPORT FORM**  
**2023-2024**  
(Please print or type)

**Reporting Date: Before May 1, 2024**

Name of CHAPLAIN: \_\_\_\_\_ UNIT: \_\_\_\_\_

\_\_\_ Unit does not have a Chaplain

No. of invocations: \_\_\_\_\_ Benedictions: \_\_\_\_\_

Charters Draped: \_\_\_\_\_ Memorial Service held: \_\_\_\_\_

Courtesies of Gold Star Families: \_\_\_ Dues \_\_\_ Cards \_\_\_ Gifts \_\_\_ Total Cost: \_\_\_\_\_

Total amount of Memorial donations: \$ \_\_\_\_\_

No. of Funerals attended: \_\_\_\_\_ No. Of Members attended: \_\_\_\_\_

Grave markers placed \_\_\_\_\_ Total Cost \_\_\_\_\_

Did your Unit prepare a Prayer Book for the Unit President? \_\_\_\_\_

Were Prayers sent in for the Department President's Book? \_\_\_\_\_

Were Prayers sent in for the National President's Prayer Book? \_\_\_\_\_

**\*\* No activities, hours, expenses, donations, or dollars spent for this committee are to be included in the Impact report.**

Send this report to your District Chaplain

Keep a copy for your records

# Unit/District Chaplain Year-End Report Form (Due May 1, 2024)

Lynda Griffin 11615 W. Holly St. Avondale, AZ. 85392

(623)349-3979 [Lynda4ala@gmail.com](mailto:Lynda4ala@gmail.com)

Unit/District Name & Number \_\_\_\_\_ # of Members \_\_\_\_\_

Chaplain name \_\_\_\_\_ Chaplain phone: \_\_\_\_\_

Chaplain Address \_\_\_\_\_

Please describe how your Unit/District celebrated God in your **meetings**? Please include senior and Junior meetings, work group meetings, meals, other **meetings** where God was celebrated:

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Please describe how your Unit/District celebrated God in your **ALA programs**? Please include **Poppy** letters/activities, **Junior Activities**, **Chaplain** activities like Prayer books, **National Security** such as cards to troops, **VA&R** such as visits to veterans, **other program** activities where God was celebrated:

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Please describe how your Unit/District celebrated God at your **events**? Please include Four Chaplains, Memorial Services/donations, Holidays, Fundraisers, Post Activities, other **events** where God was celebrated:

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Please use a separate sheet to elaborate and/or submit an entry for the **Sharon Alley Service to God and Country** Award (you've already done most of the work by completing this report!). Please send photos (not required) so I can include them in my report to National!

How many: Sympathy cards \_\_\_\_\_ Get well cards \_\_\_\_\_ Thinking of You cards \_\_\_\_\_

"Joy" Cards \_\_\_\_\_ Phone calls \_\_\_\_\_ Memorial Services \_\_\_\_\_ Charter Drapes \_\_\_\_\_

\$\$ donated in Memoriam: \$ \_\_\_\_\_ Recipients of donations: \_\_\_\_\_

*Thank you for your efforts to keep our organization's faith in God and Country strong!*

Due date: May 1, 2024

Community Service 2023 – 2024  
**Year End Report Form**

Unit Chairman \_\_\_\_\_

Unit Name and number: \_\_\_\_\_

Chairman Address \_\_\_\_\_

<b>Program</b>	<b>Miles Driven</b>	<b>Money Spent</b>	<b>Hours</b>
Adopt a Highway			
Assisting with Blood drives			
Community Beautification			
Community Support for Troops			
Food Banks			
Habitat for Humanity			
Homeless Shelters			
Individual Community Needs			
Libraries			
Make a Difference Day			
Nursing Homes			
Recycling			
Schools			
Senior Citizen Centers			
Welcome Home Troops			
Youth Appreciation Week			
Other			
Other			
<b>Totals</b>			

Submit additional information on additional page.

Mail by May 1, 2024

Lisa Young  
480 S. Calvary Rd.  
Cottonwood, AZ 86326

**EDUCATION YEAR-END REPORT FORM  
2023-2024**

Unit Number \_\_\_\_\_ Total Membership \_\_\_\_\_

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ e-mail address \_\_\_\_\_

**Supporting the Program**

Number of Unit Members involved in support of the program \_\_\_\_\_

Number of Juniors involved in support of the program \_\_\_\_\_

Number of Legionnaires involved in support of the program \_\_\_\_\_

Number of entries submitted to:

- \_\_\_\_\_ Children of Warriors National Presidents' Scholarship
- \_\_\_\_\_ The Non-Traditional Student Scholarship
- \_\_\_\_\_ The Spirit of Youth Scholarship
- \_\_\_\_\_ The Junior Member Loyalty Scholarship
- \_\_\_\_\_ Wilma Hoyal-Maxine Chilton Memorial Scholarship

Number of Unit Scholarships awarded \_\_\_\_\_ Dollar value \_\_\_\_\_

Did your Unit participate in American Education Week? Briefly describe the activities.

\_\_\_\_\_

\_\_\_\_\_

Did your Unit participate in the *Give 10 to Education* program? How many *Give 10 to Education* certificates were given in your Unit? \_\_\_\_\_ Briefly describe the activities.

\_\_\_\_\_

\_\_\_\_\_

Did your Unit present the *Veterans in the Classroom* program? Briefly describe the activities.

\_\_\_\_\_

\_\_\_\_\_



Did your Unit actively support any veterans associations on college or university campuses? Briefly describe the activities.

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Did your Unit help assist needy students? Briefly describe the activities.

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Has your Unit promoted the Department and National Scholarships? Briefly describe how this was done.

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Did your Unit involve the Legionnaires, the Sons and the Legion Riders? How many of each group participated? In what way did they participate?

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What were the other community resources or activities your Unit used to assist students, teachers or support personnel?

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You may use separate paper, if needed.

Please return this form to the Education Chairman, **Julie Vietri, 7663 E. 6th St., Scottsdale, AZ 85251 or [jvietri@msn.com](mailto:jvietri@msn.com)** , on or before **May 1, 2024**.

Reminder: A typed narrative, not to exceed 1000 words, must be submitted to be eligible for the **Jean Batley Plaque** or the **Chrysteen Fritzingr Plaque**.

**AMERICAN LEGION AUXILIARY  
2023-2024 FINANCE REPORT FORM**

Complete and Return by May 1, 2023 to:

Yolanda Bonilla  
15606 S. Gilbert Rd. #103  
Chandler, AZ 85225  
Or Email to [yodobo@msn.com](mailto:yodobo@msn.com)

Unit/District Name and No. \_\_\_\_\_  
(Please list exactly as registered with the Internal Revenue)

Unit/District Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Unit/District EIN No. \_\_\_\_\_

Date Last Filed 990 with IRS: \_\_\_\_\_ If so, Which One? \_\_\_\_\_

NOTE: Please attach a copy of the first page of the IRS Reporting Form with this form.

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Did You File Incorporation with the Arizona Corporation Commission? \_\_\_\_\_

Unit/District Name and No. \_\_\_\_\_  
(Please list exactly as registered with the Arizona Corporation Commission)

Filing Date: \_\_\_\_\_

Statutory Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

This information is a requirement for maintaining compliance with the National organization, Internal Revenue and the Arizona Corporation Commission for Non-Profit Organization status. This information is **ONLY USED FOR REFERENCE PURPOSES** and will become part of the American Legion Auxiliary Department of Arizona files after review by the Finance Committee.

Any questions? Call/email Yolanda Bonilla – 602-989-3321 or [yodobo@msn.com](mailto:yodobo@msn.com)

AMERICAN LEGION AUXILIARY ARIZONA GIRLS STATE  
ANNUAL REPORT FORM  
2023-2024

Please complete and return no later than MAY 1, 2024, to Penny Maklary. 1354 12<sup>th</sup> Street,  
Douglas, AZ 85607 520-364-5038 ahhpenny@aol.com

UNIT NAME \_\_\_\_\_ UNIT NUMBER \_\_\_\_\_

UNIT CHAIRMAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ Email \_\_\_\_\_

TOTAL MEMBERSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

1. Number of delegates sponsored? \_\_\_\_\_

2. How were schools contacted? \_\_\_\_\_  
\_\_\_\_\_

3. Did your UNIT hold or participate in an orientation? \_\_\_\_\_

4. Did your UNIT hold an activity where Girls State Citizens were asked to speak? \_\_\_\_\_

What type of activity? \_\_\_\_\_  
\_\_\_\_\_

5. How many Girls were eligible to be Auxiliary Member? \_\_\_\_\_ Enrolled? \_\_\_\_\_

6. Describe any publicity coverage: \_\_\_\_\_  
\_\_\_\_\_

7. Are you submitting an entry for the Yvonne Granger Plaque? \_\_\_\_\_

8. What type of fund raising events did you hold? \_\_\_\_\_  
\_\_\_\_\_

9. Please give names of those contributing for your delegate/s here, on back or separate sheet: \_\_\_\_\_  
\_\_\_\_\_

10. Please include any comments or information you would like to share on a separate sheet or back  
of this form.

## Year-end History Report Due May 1 , 2024

Unit/District #: \_\_\_\_\_ Unit/District name: \_\_\_\_\_

Name of person completing the report: \_\_\_\_\_ Position: \_\_\_\_\_

Your snail mail address: \_\_\_\_\_

Your phone & email address: \_\_\_\_\_

If you had a Department Officer *officially* attend a unit/district function (including mission training), please provide the following:

Date of Officer visit: \_\_\_\_\_ Officer Name and Title \_\_\_\_\_

Briefly, what events did the officer attend while visiting your Unit?

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Were junior members involved or attending function? Yes \_\_\_\_\_ No \_\_\_\_\_ Were any significant gifts presented to the officer in attendance? Yes \_\_\_\_\_ No \_\_\_\_\_ Please provide any other details for the Arizona Department History for 2023 - 2024 below (or attach information).

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Please describe one effort that your Unit/District completed this year of which you are most proud:

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Will you Unit/District be submitting a History Book at the Department Convention? \_\_\_\_\_

You may send in a pictures with this entry, and please make a copy to keep for your Unit History. We wish you a successful year with great stories to share!

**Return to: Marge Christianson, 9611 W Bonita Ct, Sun City AZ 85373 or [alaunit62az@gmail.com](mailto:alaunit62az@gmail.com)  
Questions? 763-234-9852 (call or text)**

# JUNIOR ACTIVITIES REPORT FORM 2023-2024

Please return form no later than May 1, 2024    Patricia Lugo    602-475-0208    plugo1@cox.net

Unit number & Name \_\_\_\_\_ Total Membership \_\_\_\_\_

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

### UNIT PARTICIPATION

1. Number of new Juniors signed up this year \_\_\_\_\_
2. Number of Juniors attending Fall Conference (Senior Level) \_\_\_\_\_
3. Number of Juniors attending Junior Fall Conference \_\_\_\_\_
4. Number of Juniors attending Junior Spring Convention \_\_\_\_\_
5. Number of Juniors attending Mission Training \_\_\_\_\_
6. Was your Unit an Active Junior Group? Yes/no
7. Was your Unit a Newly formed Junior Group? Yes/no
8. Is your Unit submitting a Narrative? Yes/no

### JUNIOR PARTICIPATION

9. Number of Juniors taking Leadership Course \_\_\_\_\_
10. How many Juniors regularly attend meetings \_\_\_\_\_
11. Number of Juniors participating in the Patch Program Sheets \_\_\_\_\_

PATCH	# OF PARTICIPANTS	PATCH	# OF PARTICIPANTS
AMERICANISM		POPPY	
COMMUNITY SVCS		MEMBERSHIP	
LEADERSHIP		VA & R PATCH	
PHYSICAL FITNESS		EDUCATION	
CAREGIVER		GOODWILL	
HISTORY		NATIONAL SECURITY	
PHYSICAL FITNESS			

### VOLUNTEERISM

PROJECTS	HOURS SPENT	DONATIONS
SPECIAL UNIT PROJECTS		
COMMUNITY SVC PROJECTS		
VOLUNTEENS		
OTHER DEPT. PROJECTS		

Additional Comments:

**American Legion Auxiliary  
Department of Arizona  
Leadership/Arizona Mission Training  
2023 - 2024 End of Year Report**

Unit # \_\_\_\_\_ Unit Name \_\_\_\_\_ Membership \_\_\_\_\_  
Contact Person \_\_\_\_\_ email \_\_\_\_\_

1. As part of the ALA Centennial Strategic Plan, did your Unit participate in any ALA Academy courses? \_\_\_\_\_ How Many? \_\_\_\_\_ Please name them \_\_\_\_\_

2. Did you have Unit members above the Unit level who mentored your members? How many mentors? \_\_\_\_\_ How many members mentored? \_\_\_\_\_

3. How many Mission Training's did your members attend? \_\_\_\_\_

4. Of members attending these training's, did you receive feedback concerning what they learned? If so, what was included in the feedback?

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6. Did your Unit submit narratives for any Leadership Awards?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_ Unit Member of the Year  
\_\_\_\_\_ LaVan Erickson Leadership Plaque  
\_\_\_\_\_ Vickey J. Zwall Mentor of the Year Plaque

7. Were there any highlights or information taken from your training's that you would like to share? If so, please use back of this form. Thank You.

Karen Smith ksmith111@cox.net or 1133 Carmelita Drive, Sierra Vista 85635

**AMERICAN LEGION AUXILIARY**  
**DEPARTMENT OF ARIZONA**  
**LEADERSHIP/ARIZONA MISSION TRAINING**  
**UNIT MEMBER OF THE YEAR**  
**APPLICATION**

1. Application open to senior members who are not currently, nor have ever been, in an elected or appointed position leadership role higher than unit President.
2. Each Unit may submit one entry only.
3. Unit must submit a narrative of 1,000 words or less describing the nominee's accomplishments and activities together with the following information. Please include and send this form and narrative together.
4. Due to Leadership chairman by May 1<sup>st</sup>, 2024.

Karen Smith            1133 Carmelita Drive            Sierra Vista 85635

[ksmith111@cox.net](mailto:ksmith111@cox.net)            (520) 249-1119

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MEMBERSHIP#: \_\_\_\_\_ YEARS OF MEMBERSHIP \_\_\_\_\_

NAME AND # OF UNIT SUBMITTING APPLICATION:

\_\_\_\_\_ MEMBERSHIP \_\_\_\_\_

PLEASE CHECK [aladep taz.org](http://aladep taz.org) FOR CRITERIA REQUIRED FOR THIS AWARD.

**Legislative Report, Department of Arizona  
Year-End 2023-2024**

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Department **AZ** Unit Number \_\_\_\_\_ Unit Name \_\_\_\_\_

Unit Chairman \_\_\_\_\_ Contact email \_\_\_\_\_

Contact Phone \_\_\_\_\_

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**Unit meetings**

Did the Unit hold any special Legislative meetings? No  Yes

Legislative Rallies No  Yes  Town Hall Meetings No  Yes

Meet the Candidates Night No  Yes

If Yes, please give details on separate sheet or make sure to include in Narrative.

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**Dispatch**

Did the Unit promote The American Legion's **The Dispatch** No  Yes

If so, how? If Yes, please give details on separate sheet or make sure to include in Narrative.

How many electronic subscriptions to **The Dispatch** were done by members? \_\_\_\_\_

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**Campaigns**

Were there any campaigns to White House, U. S. Senators, Reps, State or Local Officials? No  Yes

How many emails through Grass Roots action center sent?

U.S. Senators \_\_\_\_\_ U.S. Reps \_\_\_\_\_ State Officials \_\_\_\_\_

Local Officials \_\_\_\_\_ White House \_\_\_\_\_

How many letters were sent to:

U.S. Senators \_\_\_\_\_ U.S. Reps \_\_\_\_\_ State Officials \_\_\_\_\_

Local Officials \_\_\_\_\_ White House \_\_\_\_\_

Number of Other Contacts (visits, telephone calls, or direct e-mails etc.) with?

U.S. Senators \_\_\_\_\_ U.S. Reps \_\_\_\_\_ State Officials \_\_\_\_\_

Local Officials \_\_\_\_\_ White House \_\_\_\_\_



Number of Replies Received:

U.S. Senators \_\_\_\_\_ U.S. Reps \_\_\_\_\_ State Officials \_\_\_\_\_

Local Officials \_\_\_\_\_ White House \_\_\_\_\_

Please give details and how you promoted this on separate sheet or make sure to include in Narrative.

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Did the Unit submit an account of Unit Activities to be included in the Congressional record?

No  Yes

Give details on a separate sheet or make sure to include them in the narrative.

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### **Voting**

Did the Unit promote voting to its members? No  Yes

Give details on a separate sheet or make sure to include them in the narrative.

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Describe any other Legislative outstanding activity. Give details on a separate sheet or make sure to include them in the narrative.

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Narrative included? No  Yes

**E-MAIL YEAR-END REPORT BY MAY 1, 2024, TO**

**[Luv2p8@gmail.com](mailto:Luv2p8@gmail.com) in the subject line put Unit # Leg 23-24 Year End- I will respond within 24 hours of receiving. If you do not hear from me- call 623 640 0134**

**If you prefer to mail Kathy Amery | 9902 W Desert Hills Drive| Sun City, |AZ | 85351**

American Legion Auxiliary  
Department of Arizona

“Veterans are Home Town Heros”  
Year-End Music Report Form

Hello wonderful members:

It's that time of year when our thoughts stray to good food and spending valuable time with our families. It's also a wonderful opportunity to spread some cheer to our many Veterans who are not as blessed with “All Good Gifts” as we might be. Let's make a vow to get there and give thanks to the many service men and women we honor by providing music at Veteran functions in our area. I am asking each Music Chairman from all Units and Districts fill in this form telling me how music was used in your activities thus far this year.

1. Does the Unit/District have a Music Chairman? \_\_\_\_\_
2. If so, does that person choose the songs for all meetings? \_\_\_\_\_
3. If the Unit/District does not have a Music Chairman, who decides which songs to sing or play? \_\_\_\_\_
4. How is music incorporated into the various functions at the Unit/District or Post?  
\_\_\_\_\_

5. Do members regularly participate in music programs in their individual houses of worship and communities? \_\_\_\_\_ If so, give some examples: \_\_\_\_\_

6. Are regular visits made to hospitals/facilities to entertain with song? \_\_\_\_\_ If so, what locations were visited and what kind of programs were held?  
\_\_\_\_\_  
\_\_\_\_\_

Year end music reports are due to me no later than May 1, 2024 Either email/mail to me.

Unit No. \_\_\_\_\_ / \_\_\_\_\_ : No. of Unit Members : \_\_\_\_\_  
Unit President: \_\_\_\_\_ Music Chairman: \_\_\_\_\_

Alma Mattingly, Department Music Chairman  
16575 W. Moreland Street  
Goodyear, AZ 85338  
amblonde01@gmail.com  
602-999-4054

NATIONAL SECURITY  
ANNUAL REPORT FORM 2023-2024

Send completed form by May 1, 2024

Barbara White

1616 W Nopal Dr

Chandler AZ 85224-2244

Email: barbarawhite99@gmail.com

Membership Count \_\_\_\_\_

Name and Number of Unit \_\_\_\_\_

Unit Chairman \_\_\_\_\_

Activity	Number Participated	Number of Hours	Money Spent	Miles Driven
Host/Attend a CERT Program				
Post POW/MIA at Unit Meetings				
Support Active Military Families. How Many_____				
USO Support				
Military Family Readiness Group				
Other Items: yard work, social calls, childcare, cooking meals, etc				
Award a Quilt of Valor				
Donate to or volunteer at local Armed Services YMCA food pantries				
Welcome Home Project				
ROTC/JROTC Programs				
Donate Blood				
Blue Star Families Blue Star banners given out?				
Gold Star Families Gold Star banners given out?				

**NATIONAL SECURITY PAGE 2**

Is your Unit entering a narrative for a Department Plaque?

1. Steffen Memorial Plaque for Units with membership of 150 and under Y or N

2. Speth Plaque for Units with membership of 151 and over Y or N

3. Helen Johnson Bone Civil preparedness (cert) plaque Y or N

Is your Unit entering a narrative for a National Award? If so, be sure to let me know.



**POPPY END OF YEAR REPORT 2024**

Unit Name and Number \_\_\_\_\_

Unit Chairperson Name and Contact Information: \_\_\_\_\_

How Many Poppies did your Unit order this year \_\_\_\_\_

Number of Increase or Decrease from last year \_\_\_\_\_

How much money received in donations for the poppies \_\_\_\_\_

How much and way members received other poppy revenue \_\_\_\_\_

How do you promote the Poppy Program \_\_\_\_\_

Did you make veterans aware they were eligible to assistance and how \_\_\_\_\_

Did your Unit assist veterans from your Post \_\_\_\_\_

How many \_\_\_\_\_

With money or in other ways \_\_\_\_\_

Did your Unit encourage and increase number of poppy makers and how \_\_\_\_\_

Did your Unit publicize Poppy Days or other information about the Poppy Program and how \_\_\_\_\_

How many Certificates of Appreciate did your Unit present \_\_\_\_\_

Did your Unit present Poppies to elected officials: who and how \_\_\_\_\_

Did you promote the Little Miss Poppy Contest and how \_\_\_\_\_

Did your Unit have a Miss Poppy Contest for 6-12 age category \_\_\_\_\_

Did your Unit have a Miss Poppy Contest for 13-18 age category \_\_\_\_\_

Did other Juniors participate and how \_\_\_\_\_

Is your Unit competing for the Miss Poppy Plaque \_\_\_\_\_

Did your Unit promote and sponsor the Poppy Poster Contest \_\_\_\_\_

How many Posters received in the different categories

Class I: Grades 2-3 \_\_\_\_\_

Class V: Grades 10-11 \_\_\_\_\_

Class II: Grades 4-5 \_\_\_\_\_

Class VI: Grade 12 \_\_\_\_\_

Class III: Grades 6-7 \_\_\_\_\_

Class VII: Special Needs \_\_\_\_\_

Class IV: Grades 8-9 \_\_\_\_\_

**ALL POSTER PHOTOS MUST BE RECEIVED BY MAY 10TH TO BE CONSIDERED  
DO NOT SEND THE ORIGINAL POSTERS - MARK YOUR ENTRIES APPROPRIATELY**

Were the posters used in conjunction with window/public display contest and how

Did your Unit use the Poppy in other creative ways and how \_\_\_\_\_

Is your Unit competing for Plaques and Awards

Marie-Cooney Memorial Plaque \_\_\_\_\_

Marie Townsend Memorial Plaque \_\_\_\_\_

Nita Kimball Community Poppy Awareness Award \_\_\_\_\_

Patriotic Poppy Decoration Plaque \_\_\_\_\_

Total hours working with Poppies either making, soliticing donations or other projects involving Poppies

**Thank you for answering this report form. Please utilize this report as a guide for your narrative**

**Kat Sticklin, Co-Chair AZ Department Poppy Program**

**1519 S. 2nd Avenue**

**Safford, AZ, 85546**

**925-322-1550**

[kat2sticks@gmail.com](mailto:kat2sticks@gmail.com)

American Legion Auxiliary Department of Arizona Annual Report Form

## Past Presidents Parley 2023-2024

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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](mailto:cynqueen53@cox.net)

REPORT FORM MUST BE RECEIVED BY MAY 1, 2024

UNIT NAME AND NUMBER: \_\_\_\_\_ Unit Membership count \_\_\_\_\_

UNIT CHAIRMAN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\*\*\*\*\*

1. Does your Unit have an active Past President Parley? Yes \_\_\_\_\_ 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 members of the Unit

- 
4. Did your Parley contribute to the Department Nurses Scholarship Fund?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, donation amount. \$ \_\_\_\_\_
  5. Does your District have an active Past Presidents Parley? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, number of members in the Parley. \_\_\_\_\_
  6. Did your District Parley contribute to the Department Nurses Scholarship Fund?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, donation amount. \$ \_\_\_\_\_
  7. Does your Unit or Parley honor Female Veterans? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please give a short explanation. \_\_\_\_\_

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8. Are your Parley members attending the Department Past Presidents Parley Luncheon held at Convention: Yes \_\_\_\_\_ No \_\_\_\_\_

9. Do your Unit past presidents' mentor members? Does your Unit or District honor Past Presidents? If so, please give a short explanation. \_\_\_\_\_

- 
9. Are you entering a narrative for the following Department Plaques?
- |  |           |          |
|--|-----------|----------|
| Arizona Active Past Presidents Plaque    | Yes _____ | No _____ |
| Cora Grigg Past Presidents Parley Plaque | Yes _____ | No _____ |

**President's Special Project (PSP)  
Year End Report  
2023-2024**

Please complete by May 1, 2024, and send to:

Shannon Mead  
8938 W. Hilton Avenue  
Tolleson, AZ 85353  
or email to [shannonmead@live.com](mailto:shannonmead@live.com)

Unit Name: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Current Number of Members: \_\_\_\_\_

Unit Chairman or person filling out form: \_\_\_\_\_

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

Has your Unit had a special fundraiser or event for PSP this year?  
Please briefly describe, better yet please provide narrative for award:

\_\_\_\_\_  
\_\_\_\_\_

Total amount donated to Department of Arizona for PSP this year: \_\_\_\_\_



**American Legion Auxiliary  
Department of Arizona  
Public Relations 2023-2024  
End of Year Report**

Unit # \_\_\_\_\_ Unit Name: \_\_\_\_\_ Membership: \_\_\_\_\_

Public Relations Chairman: \_\_\_\_\_ email: \_\_\_\_\_

1. Does your Unit have an online presence? \_\_\_Yes \_\_\_No

Website address: \_\_\_\_\_ Social Media: @\_\_\_\_\_

2. Does your Unit have a monthly bulletin or newsletter? \_\_\_Yes \_\_\_No \_\_\_Available Online

3. Will your Unit be submitting a Press Book at Convention? \_\_\_Yes \_\_\_No

4. Did you find the tools and packet provided from Fall Conference useful during your year as Public Relations Chairman? \_\_\_Yes \_\_\_No

5. Do you have any changes or recommendations on the PR Packet for next year? \_\_\_Yes \_\_\_No  
List here: \_\_\_\_\_

\_\_\_\_\_

6. Did you coordinate with your local media outlets to help cover your events? \_\_\_Yes \_\_\_No  
If so how: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. If our Department President visited your Unit, how did you promote her visit?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Year end reports are due to the Department PR Chairman no later than May 1, 2024**

Danny Murphy, Chairman

602-377-4492

azgoddess54@yahoo.com

American Legion Auxiliary Department of Arizona

**YEAR END REPORT FORM**

VA&R Year-End Annual Report Form (2023-2024)

**DUE DATE May 1, 2024**

Return Form To:

Dolores Chavez, PO Box 1517, Benson AZ 85602 chebeesj@cox.net

Unit Name and Number: \_\_\_\_\_ Membership: \_\_\_\_\_

Unit Chairman Name \_\_\_\_\_ Phone Number \_\_\_\_\_

ACTIVITY	NO. VETERANS ASSISTED	NO. ACTIVE MILITARY	VOL. HOURS	MONEY SENT	MILEAGE
Service to Veterans					
Caregiving					
VA Hospital-Phoenix					
VA Hospital-Prescott					
VA Hospital-Tucson					
VA Gift Shop-Yuma Phx Tucson Prescott					
VA State Veterans Homes					
Homeless Veterans Activities					
Creative Arts					
Women Veterans					
					Page 1 of 2

ACTIVITY	NO. VETERANS ASSISTED	NO. ACTIVE MILITARY	VOL. HOURS	MONEY SENT	MILEAGE
Stand Downs/other Resource event					
Welcome Home Event					
AZ Honor Flight					
No. Quilts of Valor Donated					
Clothing Donated to Homeless Vets					
No. Lap Blankets/other Donated					
Assist Vets with Benefits					
Assist Student Vets					
Assist Children of Vets					
Food Baskets for Vets/ Adopt a family for Holidays					
Fisher House					
Donation to Other Agencies					

Additional Event(s) Participation: List on separate page.

Are you submitting a Narrative? \_\_\_\_\_

What Award(s) separate page. Are you submitting a Narrative? \_\_\_\_\_ What Award(s)

# Service to Veterans Annual Report Form

**Please complete and return by May 1, 2024**

**Sara C. Decker 1256 W. Ivanhoe St., Chandler, AZ 85224  
480-580-3269 saradeckeraz@gmail.com**

Unit name and number \_\_\_\_\_

Chairman \_\_\_\_\_

Did the Unit/Members participate in:

Stand Downs Hours \_\_\_\_\_ Where \_\_\_\_\_ Cost \_\_\_\_\_

Assist Homeless Veterans \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

Participate in Salute to Veterans \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

Adopt a Veteran/How many \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

Please account for all hours donated by the volunteers listed below:

Volunteers	Hours	Number of Veterans Served
Legionnaire's _____	_____	_____
Auxiliary _____	_____	_____
Sons _____	_____	_____
Juniors _____	_____	_____
Riders _____	_____	_____
Non Affiliated _____	_____	_____
Totals _____	_____	_____

Total miles driven \_\_\_\_\_ Total expense \_\_\_\_\_

**MAKE SURE TO ATTACH YOUR NARRATIVE FOR DEPARTMENT AWARDS**

**Carmelite Staker Creative Arts Award**  
**Annual Report Form**  
2023-2024

Please complete and send to:

Anita Ritter  
602-679-1785  
ritmar@cox.net

Reports MUST reach me no later Than May 1, 2024

Unit Name \_\_\_\_\_

Unit Number \_\_\_\_\_ #Members \_\_\_\_\_

Unit Chairman or person completing this report: \_\_\_\_\_

Contact address or email \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_

Did your Unit have a special fundraiser or event for Creative Arts this year?  
Please briefly describe. \_\_\_\_\_

\_\_\_\_\_

Did anyone from your Unit volunteer at a Veteran's Hospital Creative Arts Festival  
this year? How many \_\_\_\_\_ Total Hours \_\_\_\_\_

Did others **attend** a Creative Arts Festival, not as a volunteer? Number \_\_\_\_\_

Total \$ amount donated for Creative Arts this year from your Unit. \_\_\_\_\_