

DEPARTMENT OF ARIZONA  
Auxiliary Emergency Fund Year End  
Report 2022-2023

Return to: Jonnie Maddox, 4095 E Goldmine Rd, Rimrock, AZ 86335 OR email to [mimi2twins@gmail.com](mailto:mimi2twins@gmail.com) Year End Report form is due to me by May 1, 2022.

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) _____	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100 or more
_____	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100 or more
_____	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100 or more
_____	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100 or more

**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 the 2022-2023 year?**

Yes  No      How many? \_\_\_\_\_

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

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

**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 2022-2023**

Please return your Unit's report/narrative by May 1, 2023 to:  
Jacqueline Solis 3030 13th St. Douglas, AZ 85607 jacquelinesolis24@gmail.com  
520-234-7909

Unit Number \_\_\_\_\_ Americanism Chairman \_\_\_\_\_  
# of 2023 Members \_\_\_\_\_

1. Did your Unit promote community activities for Veterans Day? \_\_\_\_\_ How?
2. Did your Unit participate in remembering Veterans in the community throughout 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 essays were submitted for judging? \_\_\_\_\_
5. Did your Unit go into the local schools to teach flag / pledge etiquette? \_\_\_\_\_ How many children 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 have your Juniors been involved in the Americanism program?
11. How many Unit members have participated in color guards in parades, at conference, at convention, or other activities? \_\_\_\_\_ How?
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.*

# Unit/District Chaplain Year-end Report Form\*\*Due May 1, 2023\*\*

Marge Christianson 9611 W Bonita Ct, Sun City AZ 85373

763-234-9852 [Alaunit62az@gmail.com](mailto:Alaunit62az@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!*

DEPARTMENT OF ARIZONA  
Children and Youth Program / Year End Report  
2022 – 2023

Return to: Joanne Mangis, 2466 West Orchid Lane, Chandler, Az 85224 or email to [Joannemangis@q.com](mailto:Joannemangis@q.com). Year end report form is due to me by May 1, 2023.

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

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

Hours Volunteered \_\_\_\_\_ Dollars Spent \_\_\_\_\_

Dollars spent on goods for youth activities (parties, backpacks, etc)

\_\_\_\_\_

Dollars donated to child service charities \_\_\_\_\_

Number of children and Youth served \_\_\_\_\_

What awards, grants, scholarships did your unit apply for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What activities and/or events were held by your Unit pertaining to the Children and Youth Program? (attach separate sheet if needed).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DUE DATE: 1 MAY 2023**

**COMMUNITY SERVICE  
2022-2023  
Year End Report Form**

Unit Chairman or President \_\_\_\_\_  
Unit Name and Number \_\_\_\_\_  
Unit Mailing Address \_\_\_\_\_  
Unit Membership as of report \_\_\_\_\_

<b>Type of Project</b>	<b># Hours</b>	<b>\$ Spent</b>	<b># Miles Driven</b>	<b># Pints</b>
Adopt a Highway				
Assisting with Blood Drive(s)				
Donations of Blood				
Community Beautification				
Community Emergency Response Team (CERT)				
Community Support for Troops				
Domestic Violence Centers				
Education/Teachers Weeks				
Food Banks				
Habitat for Humanity				
Homeless Shelters				
Individual Community Needs (list programs on back)				
Libraries				
Make a Difference Day				
Nursing Homes				
Recycling				
Schools				
Senior Citizen Centers				
Welcome Home Troops				
Youth Appreciation Week				
Other				

Include additional details on the back of this sheet or on a separate piece of paper.

Are you submitting a narrative? YES NO If yes, for which award? \_\_\_\_\_

Submit completed form (and narrative) by May 1, 2023 to:

[rebeccafaris3@gmail.com](mailto:rebeccafaris3@gmail.com)

Or  
Rebecca Faris  
PO Box 3122  
Kingman, AZ 86402-3122

928-715-4926

**EDUCATION YEAR-END REPORT FORM  
2022-2023**

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.

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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.

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

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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, 2023.**

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

**AMERICAN LEGION AUXILIARY  
2022-2023 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 Incorporation 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: \_\_\_\_\_

Please note that this requested information is a requirement for maintaining continuing compliance with the National organization, Internal Revenue and the Arizona Corporation Commission for Non-Profit Organization status. This requested 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? Please call/email Yolanda Bonilla – 602-989-3321 or [yodobo@msn.com](mailto:yodobo@msn.com)

AMERICAN LEGION AUXILIARY ARIZONA GIRLS STATE  
ANNUAL REPORT FORM  
2022-2023

Please complete and return no later than MAY 1, 2023, to Penny Maklary. 1354 12<sup>th</sup> Street,  
Douglas, AZ 85607 520-364-5038

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

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

ADDRESS \_\_\_\_\_

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.

## JUNIOR ACTIVITIES REPORT FORM 2022-2023

Please return form no later than May 1, 2023, Iliana Solis, 3030 13<sup>th</sup> street, Douglas, AZ 85607 or email [ilisolis09@gmail.com](mailto:ilisolis09@gmail.com). If you have any questions, please call (520) 236-8468

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:

**Leadership/Arizona Mission Training**  
**Department of Arizona**  
**End of Year Report Form**  
**2022 – 2023**

**Submit completed report to: Karen Smith, 1133 Carmelita Drive, Sierra Vista 85635. Or to: ksmith111@cox.net**

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

**1. How many of your members completed National Leadership Courses? \_\_\_\_\_**  
**Name of Course/Courses**

**2. Mission Trainings held by your Unit/District \_\_\_\_\_ Members in Attendance \_\_\_\_\_**

**3. Please include feedback from members attending training.**

**4. Is your Unit/District submitting a narrative and competing for any Leadership Award? If so, please check the award/awards below.**

\_\_\_\_\_ **Unit Member of the Year**

\_\_\_\_\_ **Lavan Erickson Leadership Plaque**

\_\_\_\_\_ **The Vickey J. Zwall Member of the Year Plaque**

\_\_\_\_\_ **Home Town Heroes Award (2022-2023 only)**

Legislative Report Form, Department of Arizona  
Year-End 2022-2023

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Department   AZ   Unit Chairman \_\_\_\_\_

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

Did the Unit hold any special Legislative meetings? Explain \_\_\_\_\_

Legislative Rallies? \_\_\_\_\_ Town Hall Meetings? \_\_\_\_\_ Meet the Candidates Night? \_\_\_\_\_ Please give details on a separate sheet of paper.

Did the Unit promote The American Legion's **The Dispatch**? \_\_\_\_\_

If so, how? \_\_\_\_\_

How many subscriptions to **The Dispatch** were purchased by the Unit or its members? \_\_\_\_\_

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, telegrams, 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 \_\_\_\_\_

Did the Unit submit an account of Unit Activities to be included in the Congressional record? If so, briefly describe or include a copy.

\_\_\_\_\_

Did the Unit promote women veterans? \_\_\_\_\_ If so, how? \_\_\_\_\_

\_\_\_\_\_

Did the Unit promote voting to its members? How? \_\_\_\_\_

\_\_\_\_\_

Did the Unit campaign to adopt an effective Civic and Government Education program in public schools that teaches "patriotic education"? \_\_\_\_\_ Briefly describe \_\_\_\_\_

Describe any other Outstanding Activity. Use separate sheet if necessary.

\_\_\_\_\_

Narrative included? \_\_\_\_\_

**MAIL YEAR-END REPORT BY MAY 1, 2023 TO**

**Stephanie M. McMullen**  
16575 W. Moreland St.  
Goodyear, Arizona 85338  
623-910-4716  
stephaniemcmullenala62az@gmail.com

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, 2023. 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 2022-2023

PLEASE COMPLETE AND RETURN BY MAY 1, 2023 to  
Jennie Molina PO Box 448 Douglas, AZ 85608 truelepa@gmail.com

NAME AND NUMBER OF UNIT \_\_\_\_\_ MEMBERSHIP COUNT \_\_\_\_\_

UNIT CHAIRMAN \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

Did your Unit participate in any of the following???

**CERT Program:**

Y or N How many? \_\_\_\_\_ Members/ ALA \_\_\_\_\_ TAL \_\_\_\_\_ SAL \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

**POW/MIA presentations:**

Y or N How many? \_\_\_\_\_ Members/ ALA \_\_\_\_\_ TAL \_\_\_\_\_ SAL \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

**YELLOW RIBBONS:**

Y or N How many? \_\_\_\_\_ Members/ ALA \_\_\_\_\_ TAL \_\_\_\_\_ SAL \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

**BLUE STAR BANNER:**

Y or N How many? \_\_\_\_\_ Members/ ALA \_\_\_\_\_ TAL \_\_\_\_\_ SAL \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

**GOLD STAR BANNER:**

Y or N How many? \_\_\_\_\_ Members/ ALA \_\_\_\_\_ TAL \_\_\_\_\_ SAL \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

**USO Support:**

Y or N How many? \_\_\_\_\_ Members/ ALA \_\_\_\_\_ TAL \_\_\_\_\_ SAL \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

**ROTC/JROTC Programs:**

Y or N How many? \_\_\_\_\_ Members/ ALA \_\_\_\_\_ TAL \_\_\_\_\_ SAL \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

**BLOOD DONOR Program:**

Y or N How many? \_\_\_\_\_ Members/ ALA \_\_\_\_\_ TAL \_\_\_\_\_ SAL \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

**WELCOME HOME Project:**

Y or N How many? \_\_\_\_\_ Members/ ALA \_\_\_\_\_ TAL \_\_\_\_\_ SAL \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

**NATIONAL SECURITY & CHILDREN and YOUTH PROGRAM:**

Y or N How many? \_\_\_\_\_ Members/ ALA \_\_\_\_\_ TAL \_\_\_\_\_ SAL \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

**MILITARY FAMILY READINESS GROUPS:**

Y or N How many? \_\_\_\_\_ Members/ ALA \_\_\_\_\_ TAL \_\_\_\_\_ SAL \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

**OPERATION COMFORT WARRIORS:**

Y or N How many? \_\_\_\_\_ Members/ ALA \_\_\_\_\_ TAL \_\_\_\_\_ SAL \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

**OTHER ITEMS: yard work, social calls, child care, cooking meals:**

Y or N How many? \_\_\_\_\_ Members/ ALA \_\_\_\_\_ TAL \_\_\_\_\_ SAL \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

**Is your Unit entering a narrative for the 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 Program

End-Year Report due to me no later than May 1, 2023

Please send to: Julie Ross

14 Strong Row

Bisbee, Az. 85603

Email: juliedistrict3@gmail.com

As Dept. Poppy Program Chairman I'm required to send a narrative to the Western Division Poppy Chairman. This narrative should encompass information from all Units in Ariz. Please provide a description of the following information for me. Also include anything you think would be interesting or informative that isn't on the list. Use a separate page if needed. Even if you haven't done anything with poppies except order them, please send me a report. I should receive something from every Unit. Thank you for your co-operation with this report.

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

Unit Chairman name \_\_\_\_\_ Contact information \_\_\_\_\_

How many Poppies did your Unit order \_\_\_\_\_ Did your Unit increase or decrease your order from last year? \_\_\_\_\_ By how many \_\_\_\_\_ Why \_\_\_\_\_

How much did your Unit receive in donations \$ \_\_\_\_\_

How did your members increase poppy revenue

How did your members promote the Poppy program

How has your Unit used Poppy funds to assist Veteran's/ families? How many assisted and what dollar amount total?

Did your Unit make veterans from your own Post aware that they may be eligible for an assist if needed. \_\_\_\_\_ How did you present it to them

Did your Unit assist veterans from your own Post. \_\_\_\_\_ how many \_\_\_\_\_ In what way

Did your members increase or encourage the number of poppy makers \_\_\_\_\_ How

Did your Unit publicize Poppy Days or other publicity about the Poppy Program \_\_\_\_\_ How?

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

Did your Unit send/present Poppies to elected officials, if so who \_\_\_\_\_

Did your Unit have a Miss Poppy 6-12 years of age category \_\_\_\_\_ Did other juniors participate with her, how many \_\_\_\_\_ Did your Unit compete for the Miss Poppy Plaque? \_\_\_\_\_ .

Did your Unit have a Miss Poppy 13-18 years of age category \_\_\_\_\_ How many \_\_\_\_\_

How did your Unit promote Little Miss Poppy

How did your Unit promote and sponsor the Poppy Poster Contest

How many posters were received by your Unit in each class?

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 \_\_\_\_\_

Were the posters used in conjunction with window/public display contests and how \_\_\_\_\_

Did your Unit use the Poppy in creative ways? \_\_\_\_\_ please explain:

Will your Unit be competing for Plaques and Awards?

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

Marie Townshend Plaque? \_\_\_\_\_

Nita Kimball Community Poppy Awareness Award

Patriotic Poppy Decoration Plaque

Total hours your Unit members worked with Poppies? \_\_\_\_\_

Thank you for taking the time to do this. It is important. If you would like to add anything please do so. You can mail or email it to me either way.

Julie Ross

Dept of Az Poppy Chairman

American Legion Auxiliary Department of Arizona Annual Report Form

# Past Presidents Parley 2022-2023

Please complete this form and return to me either by regular Mail or Email: Patricia Lugo  
5421 W. Fremont Rd. Laveen, AZ 85339 OR plugo1@cox.net 602-475-0208

REPORT FORM MUST BE RECEIVED BY MAY 1, 2023

UNIT NAME AND NUMBER: \_\_\_\_\_ Unit Membership count 18

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. \_\_\_\_\_

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 \_\_\_\_\_

Unit Member of the Year Yes \_\_\_\_\_ No

10. Are you submitting an entry for "Service Member of the Year"? Yes \_\_\_\_\_ No

If so, your entry must be POSTMARKED OR EMAILED TO ME NO LATER THAN MAY 1, 2023. You can find more information at [www.alaforveterans.org](http://www.alaforveterans.org). Let me know if you need help.

# President's Special Project (PSP)

## Year End Report

**2022-2023**

Please complete by May 1, 2023, and send to:

Margaret Ellis

468 W Desert Ave

Gilbert, AZ 85233

Or email to mellis3166@gmail.com

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

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

Unit Chairman or person completing this  
form \_\_\_\_\_

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

Has your Unit had a special fundraiser or event for PSP this year? Please briefly describe. (or submit narrative to be eligible for award)

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Total amount donated to Dept of Arizona for PSP this year. \_\_\_\_\_

**American Legion Auxiliary  
Department of Arizona  
Public Relations 2022-2023  
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, 2023**

Shannon Mead, Department Public Relations Chairman  
8938 W. Hilton Avenue, Tolleson, AZ 85353  
[shannonmead@live.com](mailto:shannonmead@live.com)  
623-521-1263 for questions

2022-2023 VA&R Year-End Report Form  
 American Legion Auxiliary Department of Arizona  
 VA&R Year-End Annual Report Form  
 2022-2023

**YEAR END REPORT FORM**

**DUE DATE**  
**May 1, 2023**

Return Completed Form To:

Stacey Mayberry, 9139 W Harmony Lane Peoria, AZ 85382 [mayberry.stacey@gmail.com](mailto:mayberry.stacey@gmail.com)

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

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

Phone Number: \_\_\_\_\_

Activity	No. Veterans Assisted	No. Active Military	Volunteer Hours	Money Sent	Mileage
Service to Veterans					
Caregiving Initiatives					
VA Hospital - Phoenix					
VA Hospital - Prescott					
VA Hospital - Tucson					
VA Gift Shop Phx Tucson Prescott					
State Veterans Home					
Homeless Veterans Activities					
Agency:					
Women Veterans					
Agency:					

2022-2023 VA&R Year-End Report Form

Activity	No. Veterans Assisted	No. Active Military	Volunteer Hours	Money Sent	Mileage
Creative Arts					
Assist Vets with Benefits					
StandDowns					
Assist Student Vets					
Assist Children of Vets					
Welcome Home Events					
Food Baskets for Vets					
Fisher House					
AZ Honor Flight					
Quilts of Valor Number Donated _____					
Hats/Gloves Donated to Homeless _____					
Lap Blankets Donated _____					

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

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

What Award(s)?

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**Carmelite Staker Creative Arts Award  
Annual Report Form  
2022-2023**

Please complete and send to: **Dawn Davidson**

**11070 S. Camino San Clemente**

**Vail, Arizona 85641**

**or Email to ALA [DawnDavidson@gmail.com](mailto:DawnDavidson@gmail.com)**

**Reports MUST reach me no later Than May 1<sup>st</sup> ,2023**

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. \_\_\_\_\_

# Service to Veterans Annual Report Form

**Please complete and return by May 1, 2023**

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
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Legionnaire's _____	_____	_____
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Auxiliary _____	_____	_____
-----------------	-------	-------

Sons _____	_____	_____
------------	-------	-------

Juniors _____	_____	_____
---------------	-------	-------

Riders _____	_____	_____
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Non Affiliated _____	_____	_____
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Totals _____	_____	_____
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Total miles driven \_\_\_\_\_ Total expense \_\_\_\_\_

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