

Department of Arizona
Auxiliary Emergency Fund Year End Report
2024-2025

Please Return **BY SNAIL MAIL** to: Katherine Pittman
3470 N. Navajo Dr.
Prescott Valley, AZ 86314

Your Year End Report form is due to me by May 1, 2025.

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 2024-2025?

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 2024-2025

Please return your Unit's report/narrative by May 1, 2025

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

520-904-1814

Unit Number _____ Americanism Chairman _____ Number of 2025 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 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?
Add an extra page or the reverse of this form may be used if needed, for all questions.

Children & Youth Year End Report Form 2024/2025

Unit _____ Total Membership _____

Chairman Name _____

Address _____

Phone _____ email _____

Did your unit involve the Legionnaires, the Sons and the Legion Riders? ____

How many of each group participated? _____

Describe how they participated. _____

What events were held to support children and youth? _____

This includes Kids of Deployed are Heroes 2 (KDHD). Please include how many children were helped, volunteer hours, funds raised and used, and online materials used. Please separate programs for veterans and military families from other children and youth activities.

Children & Youth Year End Report Form 2024/2025

What was the amount of money raised or donated to the ALCWF? _____

How was the Child Well-Being Foundation promoted? _____

How did you celebrate the Month of the Military Child in April, including Purple Up! Day on April 15th? _____

How did you promote the ALA's Youth Hero and Good Deed Awards? _____

Is there something your members accomplished this year for which you are exceptionally proud? _____

Children & Youth Year End Report Form 2024/2025

You may use separate paper, if needed.

Attach photos if possible

Please return this form to Daphne Coleman 11355 E Jupiter Drive, Apache Junction, AZ 85120 or DeptAZChildrenAndYouth@gmail.com on or before May1, 2025

Reminder: A typed narrative, of not more than 1,000 words, must be submitted to be eligible for the Arizona Child Welfare Plaque, the Jeanne McQuown Memorial Child Welfare Plaque, or the Mary Bean Children And Youth Plaque

**UNIT CHAPLAIN'S – REPORT
FORM 2024-2025
(Please print or type)**

Reporting Date: Before May 1, 2025

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, 2025)

Stephanie McMullen 16575 W. Moreland St. Goodyear, AZ 85338

stephaniemcmullenala62az@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:

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:

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:

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, 2025

Community Service 2024 – 2025
Year End Report Form

Unit Chairman _____

Unit Name and number: _____

Chairman Address _____

Program	Miles Driven	Money Spent	Hours
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			
Totals			

Submit additional information on additional page. If you are competing for an Award, please submit a narrative.

Mail by May 1, 2025

Lisa Young
480 S. Calvary Rd.
Cottonwood, AZ 86326 email: lmby_02@msn.com

**EDUCATION YEAR-END REPORT FORM
2024-2025**

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 _____

How did the Unit promote the National Scholarships?

Number of entries submitted to the Department 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.

Education continued

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

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

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

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

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 , on or before May 1, 2025.**

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

**AMERICAN LEGION AUXILIARY
2024-2025 FINANCE REPORT FORM**

Complete and Return by May 1, 2025 to:

Yolanda Bonilla

15606 S. Gilbert Rd. #103

Chandler, AZ 85225 Or Email to yodobo@msn.com

Unit/District Name and No. _____

(Please list exactly as registered with the Internal Revenue)

EIN No. _____

Unit/District Treasurer: _____

Address: _____

Email: _____ Phone _____

Fiscal Year: _____

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

#####

Did You File Incorporation with the Arizona Corporation Commission? _____

ACC No. _____

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

**AMERICAN LEGION AUXILIARY
GIRLS STATE REPORT FORM
2024-2025**

Please complete and return no later than **MAY 1, 2025** to
Penny Maklary 1354 12th Street Douglas, Arizona 85607 520-850-1951 or ahpenny@aol.com

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 members? _____ Enrolled? _____

6. Describe any publicity coverage: _____

7. Are you submitting an entry for the **YVONNE GRANGER PLAQUE**? _____

8. What type of fundraising events did you hold? _____

9. Please give names of those contributing for our delegates 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, 2025

Unit Name:

Unit Number:

District Name:

District Number:

Name of person completing the report:

You're 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?

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).

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

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

Yes:

No:

You may send in 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!

Please return your report back to me at the information listed below:

US Mail Lynda Griffin/ 11615 W. Holly St/ Avondale, AZ 85392

Email Address: Lynda4ala@gmail.com

Questions: Text (623) 349-3979

JUNIOR ACTIVITIES REPORT FORM 2024-2025

Please return form no later than May 1, 2025

Patricia Lugo 602-475-0208 plugo1@yahoo.com 5421 W. Fremont Rd. Phoenix, AZ 85339

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 PARTICPANTS
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
Due to Chairman May 1, 2025

Unit # _____ Unit Name _____ Membership _____

Contact Person _____ email _____

1. 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 Trainings did your members attend? _____

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

5. 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

6. Were there any highlights or information taken from your trainings 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 1st, 2025.

Karen Smith

1133 Carmelita Drive

Sierra Vista 85635

ksmith111@cox.net

(520) 249-1119

NAME _____ DATE _____

ADDRESS: _____

CITY _____ ZIP CODE _____

EMAIL _____ TELEPHONE _____

NOMINEE'S MEMBERSHIP NUMBER: _____

NOMINEE'S YEARS OF MEMBERSHIP _____

NAME AND # OF UNIT SUBMITTING APPLICATION:

_____ MEMBERSHIP _____

PLEASE CHECK aladeptaz.org FOR CRITERIA REQUIRED FOR THIS AWARD.

**Legislative Report, Department of Arizona
Year-End 2024-2025**

Department **AZ** Unit Number _____ Unit Name _____

Unit Chairman _____ Contact email _____

Contact Phone _____

Unit meetings- Tell me about it!

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

Did you do something else to promote legislative activities? No Yes

Did you promote outside your unit? For example, to Legion, Riders or SAL? No Yes

Are you including pictures? No Yes If so, please make sure to include event, who is in pictures, date.

Please provide details here or on another sheet or in your narrative.

Dispatch

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

If so, how? _____

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

Did you promote outside your unit? For example, to Legion, Riders or SAL? No Yes

Please provide details here or on another sheet or in your narrative.

Legislative continued

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 _____

How did you promote these activities?

Congression Record, State or Local Resolutions

Did you or your unit write a resolution, or petition for rights for our Veterans, for example go to your local Mayor and petition for Be the One Day 1st day of each month?

No Yes

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.

Describe any other Legislative activity that you would like to share. Give details on a separate sheet or make sure to include them in the narrative.

Narrative included? No Yes

E-MAIL YEAR-END REPORT BY MAY 1, 2025

alalegislativaz@gmail.com in the subject line put Unit # Leg 24-25 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**

**“Pups and Warriors Side by Side” (PAWWS)
2024-2025 Year-End Music Report Form
Due to Chairman no later than May 1, 2025**

Unit/District Name & Number _____

Unit/District President: _____ Unit/District Music Chairman: _____

No. of Unit Members: _____

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? _____

Email / Text / Snail Mail to me.

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

NATIONAL SECURITY
ANNUAL REPORT FORM 2024-2025

Send completed form by May 1, 2025

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 ALA Members Participated	Number of Hours	Money Spent	Miles Driven
Host/Attend a CERT Program				
Post POW/MIA at Unit Meetings	Yes NO			
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	How many?			
Welcome Home Project				
ROTC/JROTC Programs				
Donate Blood				
Blue Star Families Blue Star banners given out?				
Gold Star Families Gold Star banners given out?				
Clip Coupons	Dollar Amount of Coupons?			

National Security continued

List other activities your Unit did for the active military.

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 2025

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, Chair AZ Department Poppy Program

1519 S. 2nd Avenue

Safford, AZ, 85546

925-322-1550

kat2sticks@gmail.com

American Legion Auxiliary Department of Arizona Annual Report Form
Past Presidents Parley 2024-2025

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, 2025

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. _____

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**____

**American Legion Auxiliary
Department of Arizona
Public Relations 2024-2025
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, 2025

Shannon Mead, Department Public Relations Chairman

8938 W. Hilton Avenue, Tolleson, AZ 85353

shannonmead@live.com

623-521-1263 for questions

2024-2025 VA&R Report Form – Due May 1, 2025

Return to Marge Christianson, alaunit62az@gmail.com, 763-234-9852 (call or text)

Unit Name and Number: _____

Please note: You may complete this report form OR if you want to send a narrative answering these questions, it can be used for Department or National award submissions.

Contact me for format formalities! Please include original photos!

How did your Unit/members support rehabilitation and healing of veterans through **arts, crafts, and hobbies**?

How did your Unit/members support veteran **caregivers, family members, and survivors**?

How did your Unit/members support your **local VA (Gift Shop, Arts, bingo, donations, etc) or Veteran State Home facility (cards, parties, donations, etc)?**

How did your Unit/members help The American Legion, AZ Department of Veterans Services, and Chamber of Commerce to promote or assist with **job fairs or standdowns for veterans and their families**?

How did your Unit/members support veterans and their families in the community by collaborating with **external like-minded organizations such as P.A.W.S.S., Honor Flight, Wreaths Across America, Quilts of Valor, etc.?**

What **other** opportunities did your Unit/members take to support your local veterans and their families in your community?

Carmelite Staker Creative Arts Award
Annual Report Form
2024-2025

Please complete and send to: Anita Ritter
8020 E Thomas Road, Unit 128
Scottsdale, AZ85251-6668
Ritmar@cox.net
602-679-1785

Reports MUST reach me no later than May 1, 2025

Unit Name _____

Unit Number _____

Number of 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? _____ How many _____

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

President's Special Project (PSP)

Year End Report (2024-2025)

Please complete by May 1, 2025, and send to: Chris Rodriguez
838 E Joan D Arc Avenue
Phoenix, AZ 85022
or email to: ChrisRodz117@gmail.com

Unit Name: _____

Unit Number: _____ Current Number of Members: _____

Unit Chairman/Completed by: _____

Email: _____

Phone#: _____

Has your Unit had a special fundraiser/event for PSP this year? _____

Please briefly describe or attach a narrative for an award:

Total amount donated to Dept of AZ for PSP this year: \$ _____



