

May 1, 2019

Unit/District Chaplain YEAR END Report Form 2018-2019

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Unit/District Name		Unit/District Number
Chairman Name		
Chairman Address		
	mbership Number	
2. Number of Decea	ased Members in your Unit/District	
3. Did your Unit/Dis	strict hold Memorial Services? Yes No	
4. Did your Unit/Dis	strict Drape your Charter? Yes No How m	nany times?
5. How many cards of	did your Unit/District send? Sympathy Get Well	Thinking of You
6. List the organizat	tions that received memorial donations Total Am	ount:
7. Did your Unit/Dis	strict have a Four Chaplains Program? Yes No	
8. Did your Unit/Dis	strict Use Grace Cards? Yes No	
9. Did a member from your Unit/District attend the National Chaplain's Conference? Yes No		
 10. Did your Unit/District participate with the Legion Family in observing the following: a. Veterans Day Yes No b. Memorial Day Yes No c. Independence Day Yes No 		
11. Did your Unit/Dis	strict prepare a Prayer Book for the President? Yes	No
12. Suggestions for improving the Chaplain's Program:		