

**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? \_\_\_\_\_

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How did you celebrate the Month of the Military Child in April, including Purple Up! Day on April 15<sup>th</sup>? \_\_\_\_\_

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

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

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## 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](mailto: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:

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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, 2025

Community Service 2024 – 2025  
**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. 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.

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

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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, 2025.**

Reminder: A typed narrative, not to exceed 1000 words, must be submitted to be eligible for the **Jean Batley Plaque** or the **Chrysteen Fritzingler 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](mailto: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? \_\_\_\_\_

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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](mailto: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 12<sup>th</sup> Street Douglas, Arizona 85607 520-850-1951 or [ahpenny@aol.com](mailto: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](mailto: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](mailto: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](mailto: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>, 2025.

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 \_\_\_\_\_

NOMINEE'S MEMBERSHIP NUMBER: \_\_\_\_\_

NOMINEE'S YEARS OF MEMBERSHIP \_\_\_\_\_

NAME AND # OF UNIT SUBMITTING APPLICATION:

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

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

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

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

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

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

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**Unit meetings- Tell me about it!**

Did the Unit hold any special Legislative meetings? No  Yes

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Legislative Rallies No  Yes  Town Hall Meetings No  Yes

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Meet the Candidates Night No  Yes

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

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

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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.**

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**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

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

Legislative continued

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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 \_\_\_\_\_

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How many letters were sent to:

U.S. Senators \_\_\_\_\_ U.S. Reps \_\_\_\_\_ State Officials \_\_\_\_\_ Local Officials \_\_\_\_\_  
White House \_\_\_\_\_

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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?

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

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**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 1<sup>st</sup> 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.

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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.

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Narrative included? No  Yes

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

**alalegislativeaz@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	<b>Yes NO</b>			
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	<b>How many?</b>			
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	<b>Dollar Amount of Coupons?</b>			

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.**

**ORIGINAL POSTERS MUST BE SUBMITTED TO BE CONSIDERED. (correction)**

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**

**928-322-1550**

**PLEASE SUBMIT TO CHAIRMAN BY SNAIL MAIL ONLY.**

**THANK YOU.**

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

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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, 2025**

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

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

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

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**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

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**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. \_\_\_\_\_

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**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](mailto: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](mailto: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](mailto: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](mailto: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:

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



**Service to Veterans Annual Report Form**  
**Please complete and return by May 1, 2025**  
**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:

Hospital Service:           Where \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_  
 Gift Shop:                   Where \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_  
 Creative Arts:             Where \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_  
 State Home Service:      Where \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_  
 Stand Downs:             Where \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_  
 Care of a Homebound Veteran:                                   Hours \_\_\_\_\_ Cost \_\_\_\_\_  
 Assist Homeless Veterans:                                       Hours \_\_\_\_\_ Cost \_\_\_\_\_  
 Salute to Veterans:                                                 Hours \_\_\_\_\_ Cost \_\_\_\_\_  
 Adopt a Veteran:         How Many \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_  
 Anything not listed:     Describe \_\_\_\_\_ Hours \_\_\_\_\_ Cost \_\_\_\_\_

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

<u>Number of Volunteers</u>	<u>Hours</u>	<u>Number of Veterans Served</u>
Legionnaires	_____	_____
Auxiliary	_____	_____
Sons	_____	_____
Juniors	_____	_____
Riders	_____	_____
Non Affiliated	_____	_____
TOTALS OF ABOVE	_____	_____
TOTAL MILES DRIVEN _____	TOTAL EXPENSE _____	

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