

American Legion Auxiliary
 Department of Georgia
 Community Service
 Annual Report Form

Unit Name and Number: _____ # _____

Unit Chairman: _____

Chairman Address: _____

Please report the number of members participating, hours volunteered, and monies spent in the following programs.

Name of Program	No.	Money	Hours
Army Community Covenant Welcome Home Troops:			
Martin Luther King Jr. Day of Service:			
Community Emergency Response Team (CERT)			
Make a Difference Day:			
Community Support for Our Troops:			
Welcome Home Troops:			
Community Beautification:			
Recycling:			
Homeless Shelter:			
Food Banks:			
Habitat for Humanity:			
Adopt A Highway:			
Blood Donation:			
Domestic Violence Center:			
Libraries:			
Senior Citizens Centers:			
Nursing Homes:			
Loaning of Medical Equipment:			
Youth Appreciation Week:			

Organ and Tissue Donation:			
Individual Community Needs: (List programs Below)			

Submit additional details on the back of this sheet or on a separate sheet of paper if needed.

Due Date: Year-End May 1st

Mail to: Angela Alexander, 509 S. Pleasant Hill Rd. Apt. #B, Warner Robins, GA 31088

Email: angealxnd@aol.com