

The American Legion Auxiliary CHILDREN & YOUTH REPORT

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Due Date: May 1, 2023

1. Did your Unit participate in any of the following National Children & Youth program objectives? (Please check)
☐ Family Emphasis (National Family Week)
☐ Children's Miracle Network
☐ Missing Children
☐ April Is Children & Youth Month Observance
☐ Halloween Safety
☐ Family Support Network
☐ Child Safety (Drug Abuse Prevention; Teenage Suicide Prevention, etc.)
☐ Other (please list) _____
2. How many hours of volunteer service were provided by the membership of your Unit for the children and youth of your community? _____ hours.
3. Please estimate the amount of money expended by your Unit for administrative expenses for Children and Youth overhead. (Postage, printing, seminars, travel, salaries, etc.) \$ _____

Please use the space below to describe in some detail specific Children & Youth activities of your Unit. (Details of your Unit's Children & Youth activities are important to judging reports for various Department and National Awards.)

[illegible]

Please report all expenses related to your children & youth program

| | | | |
|---|--|-----------|-----------------|
| Section A | Direct Aid | Amount of | Number Children |
| Cash aid given to needy children | | \$ | |
| Value of goods given to children (reasonable estimate) | | \$ | |
| TOTAL DIRECT AID and NUMBER OF CHILDREN | | \$ | |
| | | | |
| Section B | Contributions Made To | | |
| American Legion Child Welfare Foundation | | \$ | ----- |
| Children's Miracle Network | | \$ | ----- |
| TOTAL CONTRIBUTIONS MADE | | \$ | |
| | | | |
| Section C | Other Charitable Contributions Made for Children At | | |
| Local Level | | \$ | ----- |
| County Level | | \$ | ----- |
| State Level | | \$ | ----- |
| National Level | | \$ | ----- |
| TOTAL CONTRIBUTIONS | | \$ | ----- |
| | | | |
| Section D | Special Programs | The Cost | Number Children |
| These will include parties, teenage dances, free movies, picnics, circus, parades, educational programs, etc. | | | |
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| | | | |
| TOTALS | | \$ | |
| | | | |
| Section E | Totals | | |
| TOTAL CONTRIBUTIONS AND COST OF | | \$ | ----- |
| TOTAL NUMBER OF CHILDREN SERVED | | ----- | |

Section F **COMMENTS**

Unit Name _____ No _____ District _____

Present Membership _____

Person making report _____ Title _____

Address _____

Date _____ Signed _____