Did your Unit participate in any of the following National Children & Youth program objectives? (please check)

1. _____ Family Emphasis (National Family Week)
2. _____ Children's Miracle Network
3. _____ Missing Children
4. _____ April is Children & Youth Month Observance
5. _____ Halloween Safety
6. _____ Family Support Network
7. _____ Child Safety (Drug Abuse Prevention; Teenage Suicide Prevention, etc.)
8. _____ Other (please list)

9. How many hours of volunteer service were provided by the membership of your Unit for the children and youth of your community? _____ hours.

10. Please estimate the amount of money expended by your Unit for administrative expenses for Children & 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.)

_____

_____

_____

_____

_____

_____

_____

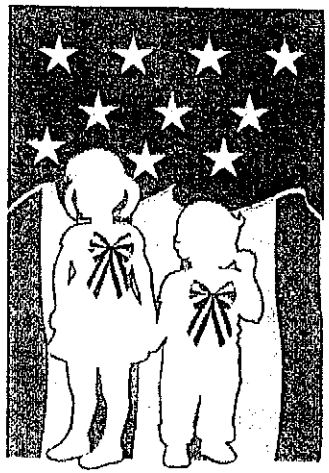
_____

_____

_____

The American Legion Auxiliary

UNIT CHILDREN & YOUTH REPORT



TO BE COMPLETED BY:
Unit Children & Youth Chairman

TO BE MAILED TO:

Your District
Children & Youth
Chairman

PLEASE REPORT ALL EXPENSES RELATED TO YOUR CHILDREN & YOUTH PROGRAM

SECTION A

DIRECT AID

	Amount of	No. of
Cash aid given to needy children	1. $	13.
Value of goods given to children (reasonable estimate)	2. $	14.
TOTAL DIRECT AID (Add Lines 1& 2 and 13 & 14)	3. $	15.

SECTION B

CONTRIBUTIONS MADE TO

	Amount
American Legion Child Welfare Foundation.	4. $
Children's Miracle Network	5. $

SECTION C

OTHER CHARITABLE CONTRIBUTIONS MADE FOR CHILDREN AT

	Amount
Local Level	6. $
County Level	7. $
State Level	8. $
National Level	9. $
Total Contributions (Add Lines 6 to 9	10. $

SECTION D

SPECIAL PROGRAMS

These will include parties, teenage dances, free movies, picnics, circus, parades, educational programs, etc.

The Activity	The Cost	No. Children
TOTAL	11.	16.

SECTION E

TOTALS

Total Contributions and Cost of (Add Lines 3,4,5,10 & 11)	12. $
Total Number of Children Served (Add Lines 15 & 16)	17.

SECTION F

COMMENTS

Unit Name _____ No. _____

City _____ State _____

Present Membership _____ District _____

Department of _____

Person making report _____

Title _____

Address _____

Date _____

Signed _____