

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF NEW YORK, INC.
UNIT AUDIT DATA FORM**

Unit Name: _____ Unit #: _____

County: _____ District: _____ Fed. EIN# _____

Unit President: _____

Address _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ E-mail _____

Unit Treasurer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ E-mail: _____

In accordance with the Unit Constitution & Unit By-laws, the Unit held an audit on _____

For the year ending _____ and is attested to by the Unit President and the Unit Finance/

Audit Chairman.

Name _____ Signature _____
Unit President

Name _____ Signature _____
Unit Finance/Audit Chairman

**Please send completed form, no later than December 31st to
American Legion Auxiliary, Department of New York
1580 Columbia Turnpike, Bldg. #1, Suite #3
Castleton-on-Hudson, NY 12033**