

**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 31<sup>st</sup> to  
American Legion Auxiliary, Department of New York  
1580 Columbia Turnpike, Bldg. #1, Suite #3  
Castleton-on-Hudson, NY 12033**