

# COUNTY AUXILIARY EMERGENCY FUND REPORT FORM

**2024 – 2025**

**Reporting Dates:**             **November 10, 2024**             **April 10, 2025**

County \_\_\_\_\_ District \_\_\_\_\_

County Chairman \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_ County does not have an Auxiliary Emergency Fund Chairman

1. Total Unit Contributions \$ \_\_\_\_\_ # of Units Reporting: \_\_\_\_\_

2. Total Memorial Contributions \$ \_\_\_\_\_

3. Grand total of all Contributions \$ \_\_\_\_\_

4. Total hours members volunteered \_\_\_\_\_ Volunteer hour \$33.49

5. Number of military families served: \_\_\_\_\_

6. Number of AEF Applications submitted \_\_\_\_\_

Describe special activities to raise funds for this committee (write on back or attach page)

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**\*\*\*\*\* YOU MUST FILL IN THIS INFORMATION FOR IMPACT REPORTS \*\*\*\*\***

**2. Our ALA Service for Military Families**

Impact Form Lines	Service for Military Families	Obtain Total From	Total
Line 8	Total <b>hours</b> members volunteered	* <b>Line 4</b>	
Line 9	Total dollars spent	* <b>Line 3</b>	\$
Line 10	Number of military families served	* <b>Line 5</b>	

**Send to the Department Auxiliary Emergency Fund Chairman**

**Carol Hassett**  
**105 Franklin Ave.**  
**Malverne, NY 11565**  
**516-662-0787**  
**nyalaemergencyfund@gmail.com**

**Keep a copy for your records**

