

UNIT AUXILIARY EMERGENCY FUND REPORT FORM 2024 – 2025

Reporting Dates: November 1, 2024 April 1, 2025

Unit Name and Number _____

County _____ District _____

Unit Chairman _____

Address _____

E-mail _____ Phone# _____

_____ **Unit does not have an Auxiliary Emergency Fund Chairman**

1. Total Unit Contributions \$ _____

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

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

2. Our ALA Service for Military Families

I Impact Report Line#	Service for Military Families	Obtain Total From	Total
Line 8	Total hours members volunteered	* Line 4	
Line 9	Total dollars spent	* Line 3	\$
Line 10	Number of military families served	* Line 5	

Send to your County Auxiliary Emergency Fund Chairman

Keep a copy for your records

