

# UNIT PUBLIC RELATIONS REPORT FORM 2024-2025

**Reporting Dates:**  November 1, 2024       April 1, 2025

UNIT NAME & NUMBER \_\_\_\_\_

Name of Person Reporting \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

\_\_\_\_\_ **Unit does not have a Public Relations Chairman**

Total Minutes of Radio Time \_\_\_\_\_ Total Minutes of Television Time \_\_\_\_\_

Total Minutes of Social Network (Twitter, Instagram, Internet, etc.) \_\_\_\_\_

Grand Total \_\_\_\_\_

**Please describe activities/projects carried out in your unit.**

_____ # Interviews	_____ # Print Advertising
_____ # Pictures	_____ # Letters
_____ # Articles	_____ # Editorial Letters
_____ # Dept. President Project Articles	

Does your Unit have a website \_\_\_\_\_  
 Does your Unit publish a Newsletter \_\_\_\_\_  
 E-Bulletin \_\_\_\_\_

Facebook Page \_\_\_\_\_  
 Post Family Newsletter \_\_\_\_\_  
 E-Newsletter \_\_\_\_\_

Value of volunteer hour \$33.49 \_\_\_\_\_

**Reminder: attach 2 copies of print media.**

**As part of your Narrative Report, please include the answers to the following questions:**

How did your unit spread the word about the American Legion Auxiliary community of volunteers serving Veterans, military, and their families? How did Auxiliary volunteers make themselves visible while volunteering in the community? \_\_\_\_\_

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

4. \_\_\_\_\_ Our

Impact Report Line #	For any service not included in Sections 1-3	Obtain Total From	Total
Line 19	Total number of hours	* Hours members volunteered	
Line 20	Total dollars spent	* Value of Donations	\$

Service Representing the ALA in Our Community

**SEND THIS REPORT TO YOUR COUNTY PUBLIC RELATIONS CHAIRMAN  
Keep a copy for your records**

