## UNIT WARRIORS' FAMILY ASSISTANCE REPORT FORM 2024-2025

<b>Reporting dates:</b>	□ November 1, 2024	□ April 1, 2025	
Unit Name:		Unit #	
Name of Person Reporti	ng:		
Email address:	ail address:Phone Number:		
Unit does not ha	ve a WFA Chairman		
Unit held for this Commi Publicized WFA i Provided brochure Provided informat Developed a Ur Donated to the Solicited donati Held fundraiser	es to VA clinics, hospitals, veteration on WFA to American Legio nit Review Panel WFA ons from other organizations	<b>form or additional pape</b> ans service officers, etc n Post	r.
Total number of hou	rs dedicated to this program _		
Total amount of donat	ions to Warriors Family Assista	nce Program	\$
Total monetary donations provided directly to WFA applicants		\$	
Total value of goods a	and/or services donated directly	to WFA applicants	\$
	Grand total	of all donations	\$

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

## 1. Our ALA Service for Veterans/Active-Duty/Reserve Military

Impact Report Form	Service for Veterans/Military	Total
	Total hours members volunteered	
	Total dollars spent	\$
	Total number of veterans/military assisted	
	Value of in-kind donations received*	\$

## SEND A COPY TO YOUR COUNTY WFA CHAIRMAN KEEP A COPY FOR YOUR RECORDS