

The American Legion Auxiliary Department of Michigan

2025 – 2026 Annual AEF Reporting Form for DISTRICTS

District # _____

Submitter Name _____

Address _____

City/State/Zip _____

Phone # (____) _____ email _____

Please give totals for the Units in your District reporting for this program. When asked for narratives, you may use narratives provided by the Units or write a synopsis of what the Units in your District did for the programs. Narratives need not be more than 2-3 sentences – just enough to give the details. Also, indicate for any of the programs if you will be submitting for either the Department or National awards. Remember, the District may only submit one entry for Department awards (other than Poppy). A completed green slip must accompany the entry, be signed by the Chairman and District President.

Auxiliary Emergency Fund (AEF):

Number of Units in District _____

Number of Unit reports received _____

- 1) What was done to inform members about the AEF, what it can do & how to apply?

- 2) Did any members in your District apply for assistance? Yes ____ No ____ Receive assistance? Yes ____ No ____
- 3) Was there support for the AEF through donations or fundraisers? Yes ____ No ____ How much was donated? \$ _____
- 4) Were there any special projects used to raise funds at the Unit level? Yes ____ No ____ At the District level? Yes ____ No ____