The American Legion Auxiliary Department of Michigan

2025 – 2026 Annual Community Service 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 and be signed by the Chairman and District President. **Community Service:** Number of Units in District_____ Number of Unit reports received_____ 1) What kind of projects/events did the members and Units in your District participate in to benefit their communities? (examples: blood drives, scouting, community beautification, etc.) Please attach a brief narrative describing these efforts, including hours volunteered and money spent/donated.

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2)	Did your District members or Units assist any homeless shelters, food banks, domestic viewshelters, senior centers, nursing homes, etc. Please attach a brief narrative describing efforts, including hours and money spent/donated.	
3)	Did your Units or members volunteer and work with other organizations in their community Please attach a brief narrative describing these efforts, including hours volunteered and a spent/donated.	

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narrative with details.	Please attach a