



**COUNTY AUXILIARY EMERGENCY FUND REPORT FORM 2009-2010**

**Reports Due to Department Chairman by, 11/10/09, 3/10/10, 5/10/10**

County: \_\_\_\_\_ District \_\_\_\_\_

Name: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Number of Units Reporting: \_\_\_\_\_

Number of Units making Contributions: \_\_\_\_\_

Total amount of Contributions from Units: \$ \_\_\_\_\_

Number of Memorial Contributions: \_\_\_\_\_

Number of Honor Contributions: \_\_\_\_\_

Contributions from Other Sources: \$ \_\_\_\_\_

Number of Applications Submitted for Assistance from Fund: \_\_\_\_\_

What Programs / Activities did you initiate to raise funds? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please mail this completed form to Dept. Chairman, to be received by Reporting Dates listed above:

Mary Smallcomb  
Chairman, Auxiliary Emergency Fund, Dept. of NY  
1513 Vestal Road  
Vestal, NY 13850