



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

**REPORTS DUE TO YOUR COUNTY CHAIRMAN: 11/01/09, 3/01/10, 5/01/10**

Unit Name & No: \_\_\_\_\_

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

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

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

Total amount of Contributions \$ \_\_\_\_\_

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 your County Chairman, to be received by Reporting Dates listed above.