

**AMERICAN LEGION AUXILIARY, DEPARTMENT OF NEW YORK, INC.
CANCER AWARENESS**

COUNTY REPORT FORM

Report Dates: Nov. 10, 2009 - March 10, 2010 - May 10, 2010

Chairman Name _____ County _____

Address _____ State _____ Zip _____

Chairman e-mail address _____ Phone# _____

No. of Units Reporting _____ No. of Units in the County _____

Total participation in Cancer Awareness and Research Programs:

Total Activities pertaining to Cancer Awareness:

Total amount of donations (\$) sent to Department: _____

Total No. of hours _____ Total No. of members participating _____

Send this report to reach the Department Chairman before the 10th of the month noted above.

Virginia Robbins, Department Chairman
245 East St. Apt. 709
Honeoye Falls, NY 14472