

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

UNIT REPORT FORM

Report Dates: Nov. 1, 2010 - March 1, 2011 - May 1, 2011

Unit Chairman Name _____ County _____

Address _____ State _____ Zip _____

Chairman e-mail address _____ Phone# _____

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

Unit participation in Cancer Awareness and Research Programs:

Other 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 your County Chairman before the 1st of the months noted above. This will enable the County Chairman to get her report out in time to reach the Department Chairman by the 10th of the month.