

COUNTY AUXILIARY EMERGENCY FUND REPORT FORM

2023 – 2024

Reporting Dates: **November 10, 2023** **April 10, 2024**

County _____ District _____

County Chairman _____

Address _____

E-mail _____ Phone# _____

_____ County does not have an Auxiliary Emergency Fund Chairman

1. Total Unit Contributions \$ _____ # of Units Reporting: _____

2. Total Memorial Contributions \$ _____

3. Grand total of all Contributions \$ _____

4. Total hours members volunteered _____

5. Number of military families served: _____

6. Number of AEF Applications submitted _____

Describe special activities to raise funds for this committee (write on back or attach page_)

******* YOU MUST FILL IN THIS INFORMATION FOR IMPACT REPORTS *******

2. Our ALA Service for Military Families

Impact Form Lines	Service for Military Families	Obtain Total From	Total
Line 8	Total hours members volunteered	* Line 4	
Line 9	Total dollars spent	* Line 3	\$
Line 10	Number of military families served	* Line 5	

Send to the Department Auxiliary Emergency Fund Chairman

**Geraldine Klussman
1619 Utopia Parkway
Whitestone, NY 14023
nyalaemergencyfund@gmail.com**

Keep a copy for your records

