

2025-2026 COUNTY AUXILIARY EMERGENCY FUND REPORT FORM

Reporting Dates: November 10, 2025 March 10, 2026 May 10, 2026

County Chairman _____

Address _____

E-mail _____ Phone# _____

County _____ District _____

_____ 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 _____ Volunteer hour \$34.79

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

Karen Drucker
179 Breezy Hill Rd.
Kingston, NY 12401
C: 914-489-0306
nyalaemergencyfund@gmail.com

Keep a copy for your records

