

## 2025-2026 UNIT AUXILIARY EMERGENCY FUND REPORT FORM

Reporting Dates:  November 1, 2025     March 1, 2026     May 1, 2026

Unit Chairman \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Phone# \_\_\_\_\_

Unit: \_\_\_\_\_ County: \_\_\_\_\_ District: \_\_\_\_\_

\_\_\_\_\_ **Unit does not have an Auxiliary Emergency Fund Chairman**

1. Total Unit Contributions \$ \_\_\_\_\_
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**

I Impact Report Line#	Service for Military Families	Obtain Total From	Total
Line 8	Total <b>hours</b> members volunteered	* Line 4	
Line 9	Total dollars spent	* Line 3	\$
Line 10	Number of military families served	* Line 5	

**Send to your County Auxiliary Emergency Fund Chairman**

**Keep a copy for your records**

