

## 2025-2026 COUNTY CHAPLAIN'S REPORT FORM

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**\_\_\_\_\_ County does not have a Chaplain**

No. of Units in County \_\_\_\_\_ No. of Units reporting \_\_\_\_\_

No. of Invocations \_\_\_\_\_ Benedictions \_\_\_\_\_

Memorial Services held \_\_\_\_\_ Charters Draped \_\_\_\_\_

Courtesies to Gold Star Families: \_\_\_\_\_ Dues \_\_\_\_\_ Cards \_\_\_\_\_ Gifts \_\_\_\_\_ Total Cost \_\_\_\_\_

Total amount of Memorial donations: \$ \_\_\_\_\_

Value of a volunteer hour \$34.79 \_\_\_\_\_

No. of Funerals attended \_\_\_\_\_ No. of Members attended \_\_\_\_\_

Grave markers placed \_\_\_\_\_ Total cost \_\_\_\_\_

Did Units prepare Prayer Books for Unit President? \_\_\_\_\_ How many? \_\_\_\_\_

Were prayers sent in for the Department President's Prayer Book? \_\_\_\_\_

Were prayers sent in for the National President's Prayer Book? \_\_\_\_\_

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

**4. Our Service Representing the ALA in Our Community**

Impact Report Line #	For any service not included in Sections 1-3	Obtain Total From	Total
Line 19	Total number of hours	* Hours members volunteered	
Line 20	Total dollars spent	* Value of Donations	\$

Send this report to **Department Chaplain** and keep a copy for your records

**Marie SantaCroce**  
**25 East 4<sup>th</sup> Street**  
**Brooklyn, NY 11218**  
**C: 718-938-5952**  
[nyalachaplain@gmail.com](mailto:nyalachaplain@gmail.com)