2025-2026 UNIT WARRIORS' FAMILY ASSISTANCE REPORT FORM

Reporting dates: ☐November 1, 2025 ☐March 1, 2026 ☐May 1, 2026

Name: _____

Address: _____

Email address: _____Phone Number: _____

Unit: _____County: _____District: _____

_____ Unit does not have a WFA Chairman

Check Activities in which your Unit participated and describe activities/fundraisers/publicity your Unit held for this Committee. Please use the back of this form or additional paper.

_____Publicized WFA in Community
_____Provided brochures to VA clinics, hospitals, veterans service officers, etc.
_____Provided information on WFA to American Legion Post
_____Developed a Unit Review Panel
_____Donated to the WFA
_____Solicited donations from other organizations
_____Held fundraiser to benefit WFA
_____Provided additional assistance to a WFA applicant
_____The value of a volunteer hour is $34.79

Total number of hours dedicated to this program _____

Total amount of donations to Warriors Family Assistance Program $_____

Total monetary donations provided directly to WFA applicants $_____

Total value of goods and/or services donated directly to WFA applicants $_____

Grand total of all donations $_____

* YOU MUST FILL IN THIS INFORMATION FOR IMPACT REPORTS *

1. Our ALA Service for Veterans/Active-Duty/Reserve Military

Impact Report Form	**Service for Veterans/Military**	**Total**
	Total hours members volunteered	
	Total dollars spent	$
	Total number of veterans/military assisted	
	Value of in-kind donations received*	$

SEND A COPY TO YOUR COUNTY WFA CHAIRMAN
KEEP A COPY FOR YOUR RECORDS