2026-2027 UNIT AUXILIARY EMERGENCY FUND REPORT FORM

Reporting Dates: □ November 1, 2026 □April 1, 2027

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 $36.14

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 **hours** 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