

2026-2027 UNIT WARRIORS' FAMILY ASSISTANCE REPORT FORM

Reporting dates: ☐ November 1, 2026 ☐ April 1, 2027

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 \$36.14

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/militaries assisted	
	Value of in-kind donations received*	\$

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

