

**American Legion Auxiliary -
Department of California
District Chaplain Mid-Year
Report Form 2017-2018**

Chaplain's Name _____

Address _____ City _____ Zip _____

Telephone # _____ Email _____ No. of Members _____

1. Number of deceased Members in District	Srs.	Jrs.	Gold Star Mothers
Number of Units submitting a Member Data Form for each deceased member to the Department Office?			
2. Number of Units holding Memorial Services?			Total
3. Number of Units Draping the Charter?			Total
4. Number of Units donating to the Department "In Loving Tribute" fund?			Total
Total amount of Unit donations to "In Loving Tribute"			Amount \$
5. Number of Members participating in following Patriotic Holidays?			
Memorial Day _____	Independence Day _____	9/11 _____	
Veterans Day _____	Flag Day _____	Other _____	
6. Number of Units sending cards for various occasions _____			Total
7. Number of Units including juniors in their activities _____			Total
8. Number of Units that sent a Chaplain's SUPPLEMENTAL report .			Total

Please submit the Statistical Report and a brief Supplemental Report to my attention no later than December 19, 2017.

Estella Avina Dept Chaplain

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