



## Auxiliary Emergency Fund

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Unit Chairman \_\_\_\_\_

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

No Activity reported during this period: \_\_\_\_\_

1. Did your Unit donate to the Auxiliary Emergency Fund? Yes \_\_\_\_ No \_\_\_\_ Amount \$ \_\_\_\_\_
2. Does your Unit have a line item in the Annual Budget for AEF? Yes \_\_\_\_ No \_\_\_\_ Amount \$ \_\_\_\_\_
3. Did the Unit discuss an increase in the AEF budget this year? Yes \_\_\_\_ No \_\_\_\_ Amount \$ \_\_\_\_\_
4. Did your Unit hold a fundraiser for AEF? Yes \_\_\_\_ No \_\_\_\_
5. How many members submitted applications for Assistance? \_\_\_\_\_
6. How many for Emergency Assistance? \_\_\_\_\_
7. How many for Disaster Assistance? \_\_\_\_\_
8. Did you actively tell members about the AEF Program? Yes \_\_\_\_ No \_\_\_\_
9. Did you hand out AEF Brochures? Yes \_\_\_\_ No \_\_\_\_
10. Did you hand out AEF Applications? Yes \_\_\_\_ No \_\_\_\_
11. Did any Unit members donate \$100.00 or more? Yes \_\_\_\_ No \_\_\_\_

1. Name and Unit #: \_\_\_\_\_
2. Name and Unit #: \_\_\_\_\_
3. Name and Unit #: \_\_\_\_\_
4. Name and Unit #: \_\_\_\_\_
5. Name and Unit #: \_\_\_\_\_
6. Name and Unit #: \_\_\_\_\_

Please attach a supplemental report describing your Unit's success stories in working the Auxiliary Emergency Fund Program. Please include pictures on a separate sheet at the end of your report. All pictures must be submitted in either .jpg or .pdf format.

If you would like your supplemental report to be considered for a National Western Division Most Outstanding Unit Auxiliary Emergency Fund Award please complete and attach a National Report and Award Cover Sheet. Thank you!

**District 1**

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**Submit this completed form to your District Chairman no later than Friday, April 11, 2025**