

Dis	strict #	District Chairn	nan	
Ph	one #		Email: Imber of Units with No /	A /1 1/
# C	of Units Reportin	ng Nu	imber of Units with No <i>i</i>	Activity
1	Did your District	donate to the Auxilia	ary Emergency fund? Yes	sNoAmount \$
2	How many Units donated? Total Unit Donations? \$			
	Unit #	Amount \$	Unit #	Amount \$
	Unit #	Amount \$	Unit #	Amount \$
(Pl	ease make separ	ate list of all Units a	nd their donations if this i	is not enough)
3	Number of Units	that have a line iter	n in the Annual Budget fo	or AEF?
4	Number of units	that discussed an a	nnual increase in their Al	EF budget?
5	Did your District	hold a fundraiser fo	r the AEF Fund? Yes	NoAmount \$
6	How many units	held a fundraiser fo	r AEF funds?	
7	How many mem	bers reported subm	itting applications for Ass	sistance?
8	How many for E	mergency Assistanc	e?	
9	How many for D	isaster Assistance?		
10	How many for E	ducation Assistance	?	
11	How many for E	xpedited Assistance	?	
12	How many Units	actively shared abo	out the AEF program?	
13	How many Units	handed out AEF Br	ochures?	
14	How many Units	handed out AEF Ap	oplications?	
15	List Unit and Na	me of members who	o donated \$100 or more	
	Unit #	_Name of Member		
	Unit #	_Name of Member		
	Unit #	_Name of Member		
	Unit #	_Name of Member		
	(Please list c	on separate sheet if	you need more room)	
Are	e you submitting a	a supplemental repo	rt describing your District	t and Unit's AEF Activities
	Γ	•	ry Emergency Fund Oak Court, Orangeval	

916-768-6679 ovsuz@comcast.net

Submit this completed form to your Department Chairman no later than December 15, 2024.