

Legislative Unit Report Form

American Legion Auxiliary

Department of Illinois

2025-2026

No later than April 20, 2026 to District Chairman.

No later than May 1, 2026 to Department Chairman.

Unit Name & Number _____ Location _____

District Number _____ Number of members in Unit _____

NOTE: Please send a copy of this report to your District Chairman and Division Chairman.

REMINDER: PLEASE FILL IN ALL BLANKS. IF A NUMBER IS ASKED FOR, PLEASE GIVE A NUMBER, NOT A YES OR NO.

VERY IMPORTANT: ANGIE'S SUPERHEROES LEGISLATIVE PLAQUE – for best overall participation, must be judged from the Unit Report Form.

Please use additional sheets to elaborate on any questions or to report additional activities and include a cover sheet found on Department website.

1. Did your Unit hold a special Legislative Meeting _____

2. How many Unit members are enrolled in The American Legion Legislative Action Center? _____

2a. How many Unit members signed up this Auxiliary year for the Legislative Alerts? _____

3. How many letters were sent to U.S. Senators _____ U.S. Representatives _____ The White House _____

State Officials _____ Local Officials _____

3a. Number of contacts re: Suicide Prevention & Mental Health _____ Alternative Treatments _____

VA Healthcare Modernization _____ PACT Act _____ Safeguard Veteran Benefits _____

Concurrent Receipt _____ Guard & Reserve GI Bill Parity _____ GI Bill for Honorable Service _____

3b. Please list other contacts: _____

4. Number of replies received from U.S. Senators _____ U.S. Representatives _____ The White House _____

State Officials _____ Local Officials _____

How many replies were forwarded to your District Chairman? _____ Department Chairman? _____

5. Did your Unit promote a woman veteran _____ Describe how the woman veteran was promoted _____

6. Did your Unit promote military absentee voting _____ Briefly describe _____

7. Describe any other outstanding activity _____

8. How did you use/promote Legislative information _____

9. How many Congressional members were used as speakers _____ Local Officials _____

Signed _____ Print Name _____

Address _____

Phone _____ Email _____

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