

Auxiliary Emergency Fund Unit Report Form

American Legion Auxiliary

Department of Illinois

2025-2026

Due to District Chairman by April 20, 2026. Due to Department Chairman by May 1, 2026.

Unit Name & Number _____ Location _____

District Number _____ Number of members in Unit _____

NOTE: Please send a copy of this report to your District Chairman, your Division Chairman, and to the Department Chairman. Please fill in all blanks. Use additional sheet to elaborate on any questions or to report additional activities.

1. Does your Unit have an Auxiliary Emergency Fund (AEF) Chairman? _____

2. Does your Unit have a way to raise funds for AEF? _____

If so, please elaborate. _____

3. How much financial contribution has your Unit contributed to the AEF program?
\$ _____

4. Have you shared with your Unit members the information in which to apply for an AEF grant assistance?

5. Does anyone from your Unit belong to the AEF ALA Committee Facebook Group at <https://www.facebook.com/groups/AuxEmergencyFund/>? (This group is a place to share information on natural disasters, where Auxiliary members might be in need of assistance, and to help spread the word that this help is available.)

Signed _____ (Unit Chairman)

Printed Name _____

Address _____

Phone _____ Email _____

American Legion Auxiliary Illini Girls State Unit Report Form
American Legion Auxiliary
2025-2026

Unit Name & Unit Number _____ Location : _____
District Number _____ Division Number _____

Due No later than April 20, 2026 to District Chairman and to Department Chairman by May 1, 2026.

Please elaborate on any of the questions below and make sure to send copies to your district chairmen as well.

ALA Illini Girls State Department Awards

Personal Awards:

\$10 to the unit sponsoring the most citizens in 2026. All citizens must attend the full session to qualify for this award. (if more than one unit qualifies a drawing will be held)

\$10 to a unit who sponsors a citizen for the 2026 session in which they have NOT sponsored a citizen in the past three years. (if more than one unit qualifies a drawing will be held)

Unit raffle drawing for one Unit/Post to receive a \$400 registration refund if the completed application and check for the attending citizen arrive in the Department Office no later than April 1st 2026.

Unit raffle drawing for one Unit/Post to receive \$400 registration refund if the completed application and check for the attending citizen arrive in the Department Office no later than May 1st 2026.

1. Number of citizens sponsored in 2026 : _____
2. Is that an increase from 2025 : _____ If a yes—an increase of how many? _____
3. Did you use fund from any outside organizations to help fund citizens?
(such as Lions Club, Women’s Organizations, Rotary Club) _____
4. Did you invite your citizens to report to a unit meeting? _____
5. How many citizens did you sign up for ALA membership? _____
6. Did your unit host an ALA IGS orientation? _____ If a yes.. please elaborate :

How many attended ALA IGS orientation ? Girls State Citizens _____ Parents/Unit Members _____

Signed : _____
Address: _____
Phone Number : _____
Email : _____

Americanism *Unit* Report Form
American Legion Auxiliary
Department of Illinois
2025-2026

Due to District Chairman by April 20th, 2026 Due to Department Chairman by May 1 2026

Unit Name & Number _____ Location _____
District Number _____ Number of members in Unit _____

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

VERY IMPORTANT: RICKY'S COUNTRY GIRLS AMERICANISM PLAQUE to the Unit submitting the most outstanding participation on promoting the Americanism Program to schools
THE DORIS SCHULTZ 'GOD BLESS AMERICA' PLAQUE to the Unit for the Best overall participation in the Americanism program

Please use additional sheet to elaborate on any questions or to report additional activities. Pictures encouraged!

1. Did your Unit sponsor a flag education program? ____ If so, describe: _____

How many flags were presented to schools? _____

2. Did your Unit participate in the pocket flag project? ____ If so, how many flags were distributed? ____

Where were they distributed? _____

3. Did your Unit participate in the NATIONAL essay contest? ____ Number of schools? ____

Number of students? _____

4. Did your Unit participate in the Department Americanism essay contest? ____ Number of essays received in each class in 2025 – Class 1 (7th & 8th grade) _____ Class 2 (9th & 10th grade) _____ Class 3 (11th & 12th grade) _____

Describe how you awarded or recognized the Unit winners _____

Number of essays received in each class in 2026 – Class 1 (7th & 8th grade) _____ Class 2 (9th & 10th grade) _____

Class 3 (11th & 12th grade) _____

Describe how you awarded or recognized the Unit winners _____

5. Did your Unit participate in any of the following American Legion programs?

Oratorical _____ Jr. Shooting _____ American Legion Baseball _____

6. Did your Unit participate in community events for any of the following? (f so, explain)

Flag Day _____ Get Out the Vote _____ Veterans Day _____ Memorial Day _____ July 4 _____

7. Distribute Blue Star Banners to families of servicemembers? ____ Number of banners _____

Signed _____

Address _____

Phone _____ Email _____

American Legion Auxiliary Chaplain Unit Report Form
Department of Illinois
2025-2026

Due to District Chaplain by April 20th. Due to Department Chaplain by May 1.

Unit Name & Number _____ Location _____

District Number _____ Number of members in Unit _____

NOTE: Please send a copy of this report to the District Chaplain, to the Division Chaplain and to the Department Chaplain.

Department Awards: Patti's Crafters Plaque for the Best Unit Book of Prayers.

Personal Awards: \$10 for the first prayer received for President Jill's Prayer Book

\$10 to the Best Division Book of Prayers. \$10 to the Best District Book of Prayers.

1. Number of members lost to death during 2025-2026. _____ (Please type names in alphabetical order on reverse side of this form or on a separate sheet of paper, indicating if member was a Charter or Gold Star or Junior member. This information is necessary for Memorial Service and listing in Book of Reports.)

2. How many were: Seniors _____ Juniors _____ Charter _____ Gold Star _____
Department Chairman _____ Past Department President _____
Past National President/Officer/Chairman _____

3. Did your Unit: Open & close meetings with prayers _____ Hold a Memorial Service _____
Use Juniors in Memorial Services _____ Drape the Charter _____ Purchase/distribute "Grace" cards _____
How many _____ Where were they distributed _____
Make personal calls on members who were ill, bereaved, or in a nursing home _____ How many visits _____
Send greeting cards to family members who were ill _____ How many _____
Send sympathy cards to family or members who lost an Auxiliary member _____ Use "Reflections" printed
in National News at meetings _____ Use the Unit Handbook _____ Refer to "Chaplain's Prayer
Manual" _____ Observe ceremonies with the American Legion: Memorial Day _____
Independence Day _____ Veterans Day _____ Other programs _____
Observe Four Chaplain's Sunday _____ Include members of The Legion Family in presenting this program –
explain _____

Prepare a Book of Prayers for Unit President _____ Send prayers for District President's Book _____
Send prayers for the Department President's Book _____ Send prayers for National President's Book of
Prayers _____ Did your Junior Chaplain compile a Book of Prayers _____

4. List all Auxiliary programs or other organizations to which memorial donations were made and the amounts:

Signed _____

Address _____

Phone _____

Email _____

Children & Youth Unit Report Form
American Legion Auxiliary
Department of Illinois
2025-2026

Due to District Chairman by April 20th. Due to Department Chairman by May 1th.

Unit Name & Number _____ Location _____

District Number _____ Number of members in Unit _____

NOTE: Please send a copy of this report to your District Chairman AND to the Division and Department Chairman. For consideration of a Department Award, please use the Award Cover Sheet. Please use additional sheets to elaborate on any questions or to report additional activities. Photographs encouraged!!

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

VERY IMPORTANT: BEULAH M. UNFER PLAQUE – to the Unit Chairman for the Best Overall Participation. MUST be judged from the Unit Report.

1. Our Service for Military Children (Examples include organizing and delivering Hero Packs, promoting ALA KIDDS (Kids in Danger of Depression or Suicide), or Mental Health Awareness Day, providing child care, tutoring at school, et al) Hours volunteered _____ Amount spent \$ _____ No. of military children/families served _____

2. Children and Youth: The Military Child Table Ceremony. Did your Unit conduct one? _____

3. OPTIONAL: Additional Children & Youth Information: This information is not required for the Impact Report. Many of you requested a convenient place to report this information, so please include the following for Children & Youth if you have numbers to report. Number of volunteer hours served for children _____ Amount raised for children (whole dollar amounts) \$ _____ Amount given in Direct Aid to Children (whole dollar amounts) \$ _____ Number of children served _____

4. Did your Unit participate in Purple Up for Military Kids in April? _____
How so?

5. Did you present a Youth Hero Award or Good Deed Award? Number of Awards _____

6. Did you donate or volunteer for the following programs:

Christmas Gift Program: Amount Spent \$ _____ Hours volunteered _____

Children's Miracle Network: Amount Spent \$ _____ Hours volunteered _____

Children & Youth Scholarship: Amount Spent \$ _____ Hours volunteered _____

Operation Military Kids: Amount Spent \$ _____ Hours volunteered _____

Special Olympics Tent: Amount Spent \$ _____ Hours volunteered _____

Special Olympics General: Amount Spent \$ _____ Hours volunteered _____

American Legion Child Well-Being Foundation: Amount Spent \$ _____

7. List any other programs, activities, donations or hours volunteered for Children & Youth: (Use back or additional sheets if needed) Submit pictures and stories on how you celebrated your youth.

BEULAH M. UNFER PLAQUE: The Unit that spreads Christmas Cheer/Spirits to all Boys and Girls in the most ways throughout the year to help all children to Believe in kindness, confidence, and the best version of themselves. Please submit 200 to 500 words on what you did to make this happen. Capture the moments with pictures and attach them separately from the report.

Santa's Graphic Design Maker- The member who can design a new purple up shirt for the military child to be printed on purple shirts for the year 2026-2027.

PERSONAL AWARDS:\$10.00 for 1st \$5.00 for second.

1. Secret Santa Special Olympics Summer Games . The Unit who provides the most wrapped gifts to be handed out by our elf riders riding reindeers.
2. The Kringle "Purple Up" April Ball. Unit/District that raises most money to be divided between CWF and designated Children and Youth Mission.
3. The Bell Ringer Stuff-the-Money Kettle. Unit/District that collects the most money to be distributed between eight listed non-for-profit organizations that takes care of children at their discretion.
4. The Night before Christmas Story. Unit/Districts that purchases and distributes the most books for our military children.

Signed _____

Address _____

Phone _____

Community Service Unit Report Form
American Legion Auxiliary
Department of Illinois
2025-2026

Due to District Chairman by April 20th. Due to Department Chairman by May 1st.

Unit Name & Number _____ **Location** _____

Division Number _____ **District Number** _____ **Number of members in Unit** _____

NOTE: Please send a copy of this report to your District Chairman AND to the Division AND Department Chairman. For consideration of a Department Award, please use the Award Cover Sheet. Please use additional sheets to elaborate on any questions or to report additional activities. Photographs encouraged!!

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

Department Awards:

Pat's Sole Sisters Plaque – to the Unit for the best overall participation in the Community Service Program

Senior Volunteer of the Year Award – to the Senior member who volunteers the most in service to their community

Junior Volunteer of the Year Award – to the Junior member who volunteers the most in service to their community

Personal Award - \$10 to the runner up to the Pat's Sole Sisters Plaque

Personal Award – Division with the most Units submitting Community Service Projects Involving both Seniors and Juniors - \$10

Personal Award - District Chairman Organizing a Community Service Event - \$10

Personal Award - Division Chairman whose Units have submitted the most narratives - \$5

Please give numbers of hours, number of volunteers/members, amount of money spent (if any), and any other details you can to each question:

1. Did your Unit do anything to honor First Responders? _____ If so, explain.
2. What did your Unit do for church? (VBS, Sunday School, decorating, funerals, cleaning, choir, etc)
3. Did your Unit host a blood drive? _____ How many pints did your Unit members donate?
4. Did your Unit members donate to memorials? _____ If so, to what places/organizations and amounts?
5. Did your Unit donate to local food pantries? _____ Clothing drives? _____
6. How did your Unit make contact with community members and/or Unit members who live alone, in assisted living, or in nursing homes?
7. What community events did your Unit members take part in (benefits, community projects, meals, community gatherings, etc.)
8. What volunteer work do your Unit members take part in (such as volunteering at school or the local library or a nursing home, etc.)?

(Community service is making our communities better places in which to live. Just a few of the community service hours includes cancer walks, United Way, blood drives, assisting seniors, food banks, homeless shelters, youth programs, hospital and nursing home visits, community events such as Easter Egg hunts, Halloween parties and Christmas activities, volunteering at church events, poll workers, donating yarn to quilting groups – **and so many other activities.**)

If submitting either a Junior or Senior member for Volunteer of the Year, use a separate sheet and include the hours as well as a description and details of the community service.

Signed _____

Address _____

Phone _____ Email _____

Constitution & Bylaws Unit Report Form
American Legion Auxiliary
Department of Illinois
2025-2026

Due to District Chairman by April 20th. Due to Department Chairman by May 1st.

Unit Name & Number _____ Location _____

District Number _____ Number of members in Unit _____

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

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

1. Did your Unit complete the new template for uniform Constitution, Bylaws, and Standing Rules _____
2. Did your Unit send a copy of this new document to the Department Chairman or Department Office _____
3. What is the date of this document _____
4. When did your Unit last revise their Standing Rules _____
5. Do your Unit members understand the difference between Bylaws and Standing Rules _____
6. Number of Unit members that attended a Leadership Course or Workshop where the Constitution, Bylaws, and Standing Rules were discussed _____
7. Does your Unit have a program to study:
 - a. Unit Constitution, Bylaws, & Standing Rules _____
 - b. District Constitution, Bylaws, & Standing Rules _____
 - c. Department Constitution, Bylaws, & Standing Rules _____
 - d. National Constitution, Bylaws, & Standing Rules _____
8. What was done in your Unit to help members learn the words and the meaning of the Preamble _____

Comments: List any suggestions for improvements or success stories _____

Signed _____

Address _____

Phone _____ Email _____

**Education Unit Report Form
American Legion Auxiliary
Department of Illinois
2025-2026**

No later than April 20 to District Chairman and to Department Chairman by May 1

Unit Name & Number _____ Location _____

District Number _____ Number of members in Unit _____

NOTE: Please send a copy of this report to your District Chairman AND to the Division and Department Chairman. For consideration of a Department Award, please use the Award Cover Sheet. Please use additional sheets to elaborate on any questions or to report additional activities. Photographs encouraged!!

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

Department Education Awards:

- **VERY IMPORTANT: RUBY'S CANTEEN DANCERS PLAQUE** - for Best Overall Participation in the Education program. Judged from the Unit Report Form.
 - **VERY Important: Janet's Huggie Bears Plaque-** in recognition of the largest donation from a single source to the Education Fund by May 15th
- Department Personal Awards:**
- **\$10.00 runner –up to the Ruby's Canteen Dancers Plaque**
 - **\$10.00 runner -up of the Janet Huggie Bear Plaque**
 - **\$10 to the Unit that reports to the Department Chairman the most creative fundraiser for the Department Education Program**
 - **Certificate of Appreciation –to all Units contributing a full scholarship including Memorials**

DID YOUR UNIT:

1. Participate in Give 10 to Education _____ No. of items donated _____ Value \$ _____ Items donated _____

2. Participate in Veterans in the Classroom _____ No. of veterans involved _____ No. of children involved _____
3. Participate in American Education Week _____ Hours _____ Amount spent \$ _____ How _____

4. Award any scholarships _____ No. awarded _____ Value \$ _____
If so, describe the scholarship:

5. Describe how the scholarship winners were recognized _____

6. Donate funds to Department Education Program _____ Amount spent \$ _____
7. Donate funds to the National Education Program _____ Amount spent \$ _____
8. Have an applicant for an Illinois Scholarship _____
_____ ADA MUCKLESTONE MEMORIAL SCHOLARSHIP
_____ MILDRED R. KNOLES SCHOLARSHIP
_____ ILLINOIS SCHOLARSHIP FOR JUNIOR MEMBERS

9. Publicize scholarship opportunities for military children – active duty and reserve _____ How _____
10. Support The American Legion Programs _____ The American Legion Constitutional Speech Contest _____ How _____
11. . Participate in Honoring the Service of our Military _____ How _____
12. Have any Juniors participated as peer support to Military Children _____ How many _____ How _____
13. Participate in the American Legion Essay Contest _____ Number of Students who wrote essays _____
14. Participate in the Poppy Poster Contest _____ How many entries were received? _____

Signed _____

Address _____

Phone _____

**Gold Star Unit Report Form
American Legion Auxiliary
Department of Illinois
2025-2026**

Due to District Chairman by April 20th. Due to Department Chairman by May 1st.

Unit Name & Number _____ Location _____

District Number _____ Number of members in Unit _____

NOTE: Please send a copy of this report to your District Chairman AND to the Division and Department Chairman. For consideration of a Department Award, please use the Award Cover Sheet. Please use additional sheets to elaborate on any questions or to report additional activities. Photographs encouraged!!

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

1. Total Gold Star members enrolled in Unit _____
2. Total NEW 2024-2025 Gold Star members _____ Name of the Auxiliary member enrolling the most NEW Gold Star members this year _____
3. Total Gold Star members: WWI _____ WWII _____ Korea _____ Vietnam _____ Lebanon/Grenada _____ Panama _____ Desert Storm-War on Terrorism _____
4. Total Gold Star: (Must fall within one of these categories) Mothers _____ Widows _____ Daughters _____ Sisters _____ Stepmothers _____ Stepdaughters _____ Stepsisters _____ Half Sisters _____
5. Did you obtain a list of deceased Veterans from Veterans Affairs Office _____
6. Did you contact families to enroll Gold Star members _____
7. Does your Unit pay Gold Star members' dues _____
8. Did your Post give special recognition or entertain Gold Star members _____
9. Did your Unit set aside a time for special observance for Gold Star members _____ If so, what did you do _____
10. Did your Unit contribute to Auxiliary programs in honor of Gold Star members _____ Which programs _____
11. Did your Unit contribute to American Legion programs in honor of Gold star members _____ Which programs _____
12. Total number of Gold Star members holding offices or chairmanships _____
13. Did you invite Juniors to participate in Gold Star programs _____ How did Juniors participate _____
14. Did you Unit offer Gold Star members rides to Auxiliary meetings, stores, etc. _____
15. Did your Unit choose a "Gold Star Member of the Year" _____
16. Did your Unit hold a Gold Star Luncheon or Dinner to honor Gold Star members _____ Total Gold Star members in attendance _____
17. Please report any NEW AND SPECIAL ideas used to honor your Gold Star members this year _____

Signed _____

Address _____

Phone _____ Email _____

**Historian Unit Report
Form American Legion
Auxiliary Department of
Illinois 2025-2026**

Report Form due to District Historian by April 20. Due to Department Historian by May 1, 2026

Unit Name _____ Location _____

District Number _____ Number of members in Unit _____

NOTE: Please send a copy of this report to your District Chairman AND to the Division and Department Chairman. For consideration of a Department Award, please use the Award Cover Sheet. Please use additional sheets to elaborate on any questions or to report additional activities. Photographs encouraged!!

Attention: This Report Form is due on the dates listed above. The Unit History is due to the District Historian by June 5, 2026. The Unit Histories and District Histories are due to the Department Historian by June 15, 2026.)

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

VERY IMPORTANT:

1. Best Unit History- Pro-Bowlers Plaque
2. Best District History - Ramona's Indians Plaque
3. Best Division History - Basketball Shooters Plaque
4. Best Junior History - Irene Lofton's Eaglette's Plaque
5. Best District Junior History - Dot's Apple Dumpling Gang

Department Personal Awards are \$10 each for the runners up for:

1. Pro Bowlers Plaque
2. Ramona's Indian Plaque and a certificate
3. Basketball Shooters Plaque and a certificate.

Citation given to any Unit, District or Division submitting a history (Seniors and Juniors) to the Department Historian for competition.

Please use additional sheets to elaborate on any questions or to report additional activities on the following:

1. Will a Unit history be submitted to the District Historian by June 15, 2026, for competition? ___
2. Will a written account of programs and Unit activities be sent by May 1, 2026, **not** for competition? ___
3. What did your Unit do to study the history of the American Legion Auxiliary this year? ____
4. What Unit event was the highlight of your Auxiliary year? _____
5. Does your Unit have organized Juniors? _____ Did they submit a Junior History? _____
6. Was the Junior History submitted at Junior Conference a Class I _____ or Class II ____ (Check one)
7. How did you encourage your Juniors to develop a history? _____
8. Did your Unit participate in the National Veterans' History project? _____
If yes, how did you promote it? _____

9. How many Veterans' histories were recorded by Seniors _____ Juniors _____ Number sent to Congress _____

10. Did you promote the Oratorical Contest? _____

11. Did your Unit submit information about Unit accomplishments and pictures to the Department Historian? _____

12. What was the highlight of your Unit's year?

13. Describe the visit your District President had with your Unit?

Signed _____

Address _____

Phone Number _____ Email: _____

Send to Department Historian Susan Heinz-Wojcik email heinzwojciks@gmail.com or Mail to 126 Golfview Circle Prospect Heights, IL 60070.

Junior Activities *Unit* Report Form

American Legion Auxiliary

Department of Illinois

2025 - 2026

Unit Name & Number _____ Location _____

District Number _____ Number of members in Unit _____

NOTE: Please send a copy of this report to the District Chairman no later than April 20th

And a copy to the Department Chairman Angie Mulligan, 605 Bethel Drive, Joliet 60435 or email mickeym@ameritech.net no later than May 1

REMINDER: PLEASE FILL IN ALL BLANKS. IF A NUMBER IS ASKED FOR, PLEASE GIVE A NUMBER;

NOT A YES OR NO.

VERY IMPORTANT: The DEB'S WILD ONES PLAQUE – for best overall participation, will be judged from the Unit Report Form. Include all activities since May 1, 2024.

Please use additional sheets to elaborate on any questions or to report additional activities

Membership

1. Total Junior Membership for 2025-2026 _____

2. Does your Unit have organized Junior group _____ New organized this year _____
Reorganized this year _____

3. How are Juniors involved in the Unit Programs _____

4. Did your Unit have an entry for the Junior Member of the Year _____
Name of the Junior submitted _____

Did your Unit have an entry for the Rising Star Junior Award _____
Name of the Junior submitted _____

5. Does your Unit have a graduation ceremony for Juniors (18 years) who will become Senior members? _____
How many Juniors _____?

6. How many Juniors regularly attend Unit meetings? _____

7. What ways did your senior members mentor the Junior Members? _____

General Activities

1. How many Juniors participated in: Number of service projects participated in _____ Veterans Gift Shop
_____ Adopted a veteran's family or military unit _____ # of volunteer hours _____ Amount Spent
\$ _____

2. How many Juniors participated in Veterans History Projects _____ # of histories _____

3. Did Juniors promote the Scholarship Program _____ How _____

4. Number of Juniors assisting others with technology _____ How _____

5: How many Patches were earned for: Indicate number working on (W) or Earned (E)

Levels	Purple		RED		Gold		Blue	
	W	E	W	E	W	E	W	E
Americanism								
Caregiver	X	X	X	X	X	X		
Community & Family Safety	X	X					X	X
Community Service	X	X						
Digital Media	X	X			X	X	X	X
Education	X	X						
Goodwill	X	X	X	X	X	X		
History	X	X	X	X	X	X		
Leadership	X	X						
Membership								
National Security	X	X	X	X	X	X		
Physical Fitness	X	X						
Poppy								
Spirit of Youth Fundraising								
Star Spangled Kids	X	X	x	X			X	X
Veterans Affairs & Rehabilitation	X	X						

6. Did Juniors contribute to: Americanism Fund _____ Natl Security _____ Spirit of Youth Fund _____
 Children & Youth _____ Creative Arts _____ Junior Conference Fund _____ List other
 Donation _____

7. Did Juniors donate gifts to: Children's hospitals _____ # of gifts _____ Value _____
 Schools _____ # of gifts _____ Value _____

8. Did Juniors donate gifts to Hospitalized Veterans _____ # of gifts _____ Amount Spent \$ _____

9. How many Juniors helped distribute Poppies _____ # of hours _____

10. How many Juniors attended a Department Junior Conference? _____

11. How many Juniors attended a National Junior Meeting? _____

Volunteerism

1. Did Juniors assist with Community Service Projects: _____ # of Juniors _____ # of hours _____ List
 projects _____

2. Did Juniors volunteer at Special Olympics _____ # of Juniors _____ # of hours _____

3. Entertain at hospitals or Senior Citizens Home _____ # of Juniors _____ # of hours _____

4. Aid Active-Duty Servicemen or their families _____ # of Juniors _____ # of hours _____

5. Aid veterans or their families _____ # of Juniors _____ # of hours _____

6. Are Juniors: VolunTeens _____ # of Juniors _____ # of hours _____ Service to Veterans _____ # of Juniors
 _____ # of hours _____ (describe activities completed _____)

Signed _____

Address _____

Phone _____

Leadership Unit Report Form
American Legion Auxiliary
Department of Illinois 2025-2026

Unit Name & Number _____ Location _____
District Number _____ Number of members in Unit _____

NOTE: Please send a copy of this report to your District Chairman by April 20, 2026 and to Department Chairman Cindy Hall, cindyskier5139@gmail.com or mail to 1376 Brown Street Apt 1, Des Plaines, IL 60016 NO later than May 1, 2026

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

DEPARTMENT AWARDS:

DIANA'S HATS OFF TO YOU PLAQUE – to the Unit Member of the Year.

Use the Unit Member of the Year Award form. Must be an active member of her Unit. Due May 1, 2025. To a senior member who are not currently, nor have been, in an elected or appointed leadership role higher than Unit President. Look for accomplishments and activities they involve themselves in that helps impact the American Legion Family, and the community through-out the year. Narrative should be 1,000 words or less and include member's Name, Member number, Address, Email and Phone number

Personal Awards:

\$10 to the Unit with the most completed ALA Academy Courses

\$10 to the Unit having the most Senior members at a Unit Leadership class

\$10 to the District having the most Senior members at a District Leadership class

\$10 to the Division having the most Senior members at a Division Leadership class

Please use additional sheets to elaborate on any questions or to report additional activities

1. Did your Unit hold a Leadership Course during this Year? _____
2. How many Senior members attended your Leadership Course? _____
How many attended for the first time? _____
3. How many Senior members took classes at the ALA Academy on the National website? _____
How many classes were completed by all of your Unit Members at the ALA Academy? _____
4. What methods or ideas did your Unit use to recognize members' contributions to Auxiliary programs?

5. What can we do to improve the Leadership program? _____

6. Did your Unit nominate a Unit Member of the Year? _____

Signed _____
Address _____
Phone _____

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 _____

Department Chairman 2025-2026: Linda Iberg, 14026 Klaus Lake Road, Highland, IL 62249 618-973-3568
ibergmom@gmail.com

MEMBERSHIP UNIT REPORT FORM

American Legion Auxiliary

Department of Illinois

2025-2026

Due to your District Membership Chairman, no later than April 20, 2026. Due to the Department Membership Chairman Linda Oakley, 1122 N 2550 East Rd, Strasburg IL 62465 or emailed lindao.1950@gmail.com by May 1, 2026.

Unit Name & Number _____ Location _____

District Number _____ Number of members in Unit _____

NOTE: For consideration of a Department Award, please use the Award Cover Sheet. Please use additional sheets to elaborate on any questions or to report additional activities. Photographs encouraged!!

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

1. Did your Unit increase in senior members – if yes, how many? _____
Junior members – if yes, how many? _____ PUFL – if yes, how many? _____
2. How did you welcome these new members into your Unit? _____
3. How did you celebrate any Unit members continuous membership? _____

4. Did you include the new members in your activities? _____
5. Did you give the new member a membership card? _____ Membership pin? _____ Unit Handbook? _____
Unit Constitution and Bylaws with Standing Rules? _____ Unit Directory? _____
Calendar of Unit meetings /events? _____
6. Did you help new members understand all of the terminology? _____ How? _____

7. Did you explain the different programs? _____
8. Did you have any members who submitted for the *Family 3* award? _____ How many were eligible? _____
9. Did you have any members who submitted for the Recruit/Rejoin 10 award? How many were eligible? _____
10. How did you promote membership in your community? _____
11. What did your Unit do to promote our organization in your community on American Legion Day in April? _____

12. What activities did your Unit do to retain membership in your Unit? _____

Unit Membership Chairman _____

Phone Number: _____ Email: _____

Address: _____

American Legion Auxiliary Music Report Form
Department of Illinois
2025 – 2026 YEAR END REPORT

Unit Report due to District & Division by April 20th. Unit & District Reports due to Department Chairman Patty Buhle, 22711 Cottage Grove Ave, Steger, Il, 60475 or email to psippleunit330@yahoo.com by May 1, 2026.

Department Awards: Mary's Fleurettes Plaque for the Best Overall Participation in the Music Program within a District.

See the website or the ALA Today for the Music Personal Awards and all of the Junior Awards.

Unit Name & Number _____ Location _____

Division _____ District Number _____ Numbers of Members in Unit _____

1. Did your Unit use music for opening and closing ceremonies? _____.
2. Did your Unit use the following: The Star-Spangled Banner ___ Hymn _____ Patriotic Selection _____
ALA Theme Song _____ Other _____,
3. Did your Unit have a pianist _____ Use a tape or CD _____ Sing a cappella _____
4. Did your Unit form a musical group _____ Specify type _____
5. Have any members of your Unit shared music with others in the community: _____
(Community group, church, school, etc.) Details: _____
6. Did Juniors participate in your music program? _____ Explain how _____

7. Did any members of your Unit write a parody _____ or Video _____

Signed: _____

Address: _____

Phone Number: _____

Email: _____

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF ILLINOIS
2025-2026 NATIONAL SECURITY UNIT REPORT FORM**

Unit Name & Number _____ Location _____
District Number _____ Number of members in Unit _____

NOTE: Please send this report to your District Chairman, to the Division Chairman, and to the Department Chairman. No later than April 20, 2026 to District Chairman and to Department Chairman by May 1, 2026.

**2025-2026 Department National Security Chairman Tina Abdelnour
209 S. Barnett St., LeRoy, IL 61752. tabdelnour1@yahoo.com**

VERY IMPORTANT: FIREHOUSE CREW NATIONAL SECURITY PLAQUE – to the Unit Chairman for the best overall participation in the National Security Program. **MUST** be judged from the Unit Report. **SERVICE MEMBER OF THE YEAR** – A plaque for each winning service member of the year – one per branch of service.

1. Our service for active duty military: Examples include shopping for and preparing care packages, writing letters, contacting legislators, helping with US Military and/or National Guard send-off and welcome home events etc. How many care packages were sent? _____ Price of items sent? _____
Postage: _____ Hours Volunteered: _____
Number of US Service members served _____

2. Partnering with a USO in your area: Total number of volunteer hours donated at USO centers _____
Amount donated \$ _____ Does your Unit use the USO Action Guide provided by the National Organization _____ Did your Unit sponsor a USO in their area. If so, please give a short explanation how Unit helped the USO

3. Presenting the POW/MIA Program: Total number of times the POW/MIA program was presented at American Legion Auxiliary functions _____ Does Unit/Post have a POW/MIA display set up for public display _____ Does your Unit/Post observe National POW/MIA Recognition Day, the third Friday of September _____

4. Coupon clipping: Total number of coupons clipped _____ Total hours spent by Unit members clipping coupons _____ Number of different commissaries coupons were sent to _____

5. Gold Star/Blue Star Banners: How many Gold Star/Blue Star Banners did you present? _____
Hours Volunteered _____ Amount spent \$ _____

6. Quilts of Valor: Did your Unit participate in the Quilts of Valor: Hours Volunteered _____
Amount spent \$ _____ Number of US Service members served _____

7. Be the One: How did your Unit show their support for Be the One? Hours Volunteered _____ Amount spent \$ _____ Number of US Service members served _____

8. Wear Red on Friday: Did your Unit and you participate in the Wear Red on Friday? Yes _____ No _____

9. Wreaths Across America: Did your Unit take part in Wreaths Across America: Hours Volunteered _____
Amount spent \$ _____ Please give details: _____

10. Community Emergency Response Training (CERT): Did your Unit take part in CERT – making a plan for disasters and emergencies? How so? _____

11. Recognition of ROTC/JROTC Groups: Please describe or attach details of how you recognized a ROTC/JROTC group _____

Name: _____
Unit National Security Chairman (Please print)

Address: _____

Phone: _____ Email: _____

PERSONAL AWARDS:

\$10.00 to the runner-up of the Firehouse Crew National Security Plaque

\$10.00 to the to the Unit with the Best CERT program report

\$10.00 to the Unit that donates the most to the USO

**Past Presidents Parley Unit Report Form
American Legion Auxiliary
Department of Illinois
2025-2026**

**Due to District Chairman by April 20, 2026.
Due to Department Chairman by May 1, 2026.**

Unit Name & Number _____ **Location** _____
District Number _____ **Number of members in Unit** _____

NOTE: Please send a copy of this report to your District Chairman AND to the Division and Department Chairman. For consideration of a Department Award, please use the Award Cover Sheet. Please use additional sheets to elaborate on any questions or to report additional activities. Photographs encouraged!!

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

1. Does your Unit have organized Parley Groups _____ How many were organized this year _____ Number of Past Presidents paying \$1.00 dues _____

2. Did your Unit/Parley Groups participate in the Nurses Scholarship Program _____ Amount spent \$ _____

3. Did your Unit submit an applicant for the Nurse's scholarship? _____

4. Did your Past Presidents assist with the Auxiliary programs in their Unit _____ List programs _____

5. Did your Unit/Parley Groups hold special fund-raising events to support the parley program _____ Explain _____

6. Total number of volunteer hours spent by Unit/Parley Groups to raise money for scholarships _____

7. Did any of your Past Presidents mentor Unit members? _____ If yes, please list their names and how many members they have mentored.

8. Did your Unit do anything to honor your Past Presidents? _____ If so please share:

- Marion's Balloonitics Plaque to the Unit with the best overall participation in the Past President Parley Program.
- Pam's TV landers plaque to the District with the highest contribution to the Nurse's Scholarship fund by June 1st. (Does not include Unit donations.)
- Personal Awards for the Past Presidents Parley are: \$10 Personal Awards and Certificates will be presented to the runner's up for Pam's TV Lander's and Marion's Balloonitics plaques.

Signed _____

Address _____

Phone _____

**Poppy Unit Report Form
American Legion Auxiliary
Department of Illinois
2025-2026**

**No later than April 20, 2026 send your report to your District Chairman and to
Department Chairman by May 1, 2026.**

Department Chairman Sandra Kirby, 316 Blue Jay Dr, LeRoy IL 61752

Unit Name & Number _____

Location _____

District Number _____

Number of members in Unit _____

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

**For consideration of a Department Award, please use the Award Cover Sheet. Please use additional
sheets to elaborate on any questions or to report additional activities.**

Photographs encouraged!!

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

POPPY DISTRIBUTION:

1. Number of Poppies purchased for distribution: _____

2. Amount from distribution of poppies: _____

3. Hours volunteered for poppy distribution: _____

4. Amount of Poppy Funds spent helping Veterans: _____ Number of Veterans helped: _____

PROMOTION OF THE POPPY:

5. How did you or your Unit/Post promote the Poppy: _____

6. Do you use Poppies year round? _____ How/Why not? _____

7. Did or does your Unit have a Poppy Display? _____ If yes, attach pictures or write description on back.

8. Did your unit sponsor a Poppy Poster contest? _____ Number of Schools _____

9. Did your Unit or a member use any unique way to display the poppy or distribute the poppy? _____

If yes, list Unit or name of person and description/picture: _____

10. Any comments or ideas on how to improve the Poppy Program or Contests? _____

PERSONAL AWARDS:

\$10.00 to the Unit submitting the best participation in the Poppy Program.

\$10.00 to the Unit using the most unique method of fund raising for the Poppy Program.

Signed: _____

Address: _____

City: _____

Phone: _____

UNIT PUBLIC RELATIONS REPORT FORM 2025- 2026

May 1, 2025 through April 30, 2026

**No later than April 20, 2026 to District Chairman and to
Department Chairman by May 1, 2026.**



UNIT NAME _____

Unit Number _____ Number of members _____

District _____

Name of Person Reporting _____

Address _____

E-Mail _____ Home# _____ Cell# _____

Provide the name of your Facebook page: _____

Do you have a website? Y/N If yes, provide website address

PRESS/MEDIA INFORMATION

Total Minutes of Broadcasting (Radio/TV) Time _____

Does your unit post regularly on: Facebook _____ Instagram _____ Twitter _____ TikTok _____

Other name (s) of platform(s): _____

Total # of Social Media Followers: Facebook _____ Instagram _____ Twitter _____ TikTok _____

Other (name of platform/number of followers): _____

Did your unit create a media contact list? _____, include copy with report.

Interviews with reporters _____ # Articles published _____ (**attach 4 copies: if digital provide link**)

Letters to the Editor _____

TV aired program/interviews/event coverage _____ (list dates/times)

Junior Press Releases _____ # Unit Spotlight or Articles sent to Newsletter _____ # Event flyers _____

Total of all of the above _____ (**send one copy of each that is applicable: print, screenshot, jpeg, pdf, or word doc**)

Narrative: No more than 500 words. Share how your social media page has grown since last year. Describe your mission related interviews and written articles, which program(s) were highlighted. Did you promote ALA Academy, Veterans Creative Arts Festival (VCAF), National Veterans Creative Arts Festival (NVCAF), POW/MIA Awareness, and Be the One campaign. Did your unit wear ALA apparel in public, and what other creative branding ideas were used. Does you unit, rock your RED shirts on Fridays? What organizations did your unit support by volunteering and/or donations. Provide up to ten pictures (print, screenshot, jpeg, pdf, or word doc) of your Unit working the mission and programs from this term.

Veterans Affairs & Rehabilitation *Unit* Report Form

American Legion Auxiliary

Department of Illinois

2025-2026

Unit Name & Number _____ Location _____

District Number _____ Number of members in Unit _____

Report Due No later than April 20, 2026 to District Chairman and to Department Chairman by May 1, 2026.

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

VERY IMPORTANT: TERI'S FIRECRACKERS PLAQUE – judged from the Annual Unit Report Form, to the Unit for the best overall participation in the VA&R Program.

CAROLLEE'S COOKIES PLAQUE – to the District with the best VA&R report based upon the District's Annual Report Form.

If space does not permit, please use a separate sheet of paper and number your comments to match the questions below.

1. Homeless veterans activities: (total number of) Stand downs _____ Veterans served _____ Volunteer hours _____ Number of volunteers _____ Total cost to Unit _____ Specific details _____

2. Welcome home celebrations sponsored by VA Facilities: Number of US service members served _____ Volunteer hours _____ Number of volunteers _____ Specific details _____

3. Veterans Creative Arts Festival: Donations to National Creative Arts Festival _____ Donations to Illinois Hospitals _____ Volunteer hours _____ Veterans served _____ Specific details _____

4. Did your Unit work with & on behalf of homeless veterans: Y/N _____ Volunteer hours _____ In-kind of monetary donations _____ Specific details _____

5. Did your Unit partner with a community on a homeless veteran project: Y/N _____ Number of Volunteers _____ Specific details _____

6. Does your District/Unit donate to Fisher House? Y/N _____ Amount: _____ Number of volunteers _____ Total cost _____ Volunteer hours _____ Specific details _____

7. Did your Unit promote special activities for women veterans/military? Y/N _____ How many activities _____ Number of women veterans served _____ Total cost _____ Specific details _____

8. **Did your Unit plan any special activities for the veterans?** Y/N _____ Total cost _____ Number of veterans served _____ Number of volunteers _____ Volunteer hours _____ Specific details _____

9. **Did you have Juniors participating in any projects** Y/N _____ Total cost _____ Number of Juniors _____ Volunteer hours _____ Specific details _____

10. **In April did your Unit honor volunteers for National Volunteer Month?** Y/N _____ Total cost _____ Volunteers honored _____ Hours expended _____ Specific details _____

11. **Did your Unit participate in other ways on February 14th for National Salute to America's Heroes?** Y/N _____ Number of volunteers _____ Volunteer hours _____ Total cost _____ Specific details _____

12. **Did your Unit aid The Legion in their efforts to assist our veterans?** Y/N _____ Total cost _____ Total number of volunteers _____ Volunteer hours _____ Specific details _____

13. **Did your Unit make other contributions, award scholarships to veterans or their family members, or hold fundraisers not above?** Y/N _____ Specific details _____

14. **Did your Unit contribute to Operation Comfort Warriors?** Y/N _____ Total monetary donations _____ In-kind of monetary donations _____ Specific details _____

15. **Did your Unit make Quilts of Valor or donate to the Quilts of Valor Foundation?** Y/N ___ How many ___ How many from Unit?__

16. **How many Valentines did your unit send to veterans?** _____

Signed _____

Address _____

Phone _____