

## AMERICANISM ANNUAL REPORT 2025-2026

Please return your Unit's report/narrative by May 1, 2026  
Monika Monize 602-549-1583 [memonize@icloud.com](mailto:memonize@icloud.com)

Unit Number \_\_\_\_\_ Americanism Chairman \_\_\_\_\_ Number of Members \_\_\_\_\_

1. How did your Unit promote Star Spangled Kids, educating children and youth about the U.S. Constitution from the aspect of patriotism and Americanism? Incorporate how you utilized the Star Spangled Kids kits provided by National, including any success story highlights.
  
  
2. What training on flag history, etiquette, and proper disposal methods did you Unit provide in the community?
  
  
3. How did your Unit identify itself as the resource for training and assistance in promoting patriotism and Americanism in your community? *eg, Color and Honor Guards, celebration of patriotic holidays, activities to honor or assist veterans, speeches*
  
  
4. What avenues did you use to increase participation in the Americanism Essay Contest? How many essays were submitted?
  
  
5. How did your American Legion Family contribute to the advancement of The American Legion's Americanism Program? *Baseball, Oratorical Contest, Operation Comfort Warriors, Scouting, ALLECA, Jr. Shooting Sports, Boys and Girls State/Nation, Flag Education, Citizenship Programs, School Programs*
  
  
6. Are you applying for any Department Americanism Awards? *--Keske Americanism Plaque for Units 150 and under, --Sawyer Americanism Plaque for Units 151 to 350, --Stebbins Americanism Plaque for Units 351 and over, --Elizabeth Ann Brown-Paxson Americanism Award*  
BE SURE TO CHECK SPECIFIC AWARD RULES IN DEPARTMENT AWARDS MANUAL

**Department of Arizona**  
**Auxiliary Emergency Fund Year End Report**  
**2025-2026**

**Please Return to:**

**Barbara Shields**

**928-856-1949   shields\_barb@yahoo.com**

**Your Year End Report form is due to me by May 1, 2026.**

**Unit #** \_\_\_\_\_ **Unit Chairman:** \_\_\_\_\_

**Unit Mailing Address** \_\_\_\_\_

**1. Did your Unit donate to the National Auxiliary Emergency Fund?**

**Yes**        **No**        **What was the total donated amount? \$** \_\_\_\_\_

**2. Did an individual(s) donate to AEF? Yes**        **No**       

**Name(s)** \_\_\_\_\_ **amount** \_\_\_\_\_  
\_\_\_\_\_ **amount** \_\_\_\_\_  
\_\_\_\_\_ **amount** \_\_\_\_\_  
\_\_\_\_\_ **amount** \_\_\_\_\_

**3. Did you have a special fund raiser for AEF: Yes**        **No**         
**Describe** \_\_\_\_\_

**4. Did member(s) in your unit receive assistance from the National AEF in 2025-2026?**

**Yes**        **No**        **How Many?** \_\_\_\_\_

**5. What resources were used to assist your members?**

**6. Does your unit have an assistance fund to help members?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**7. Is your unit submitting a narrative detailing the way the AEF program was promoted to compete for the "Patricia M Lee - Gloria Elliott Memorial Plaque?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Be sure to include a copy of this report as the last page.**

# ALA Unit Chaplain's Report Form 2025-2026

Due May 1<sup>st</sup> 2026 to DeDe Dexter

[AzDeptChaplain@gmail.com](mailto:AzDeptChaplain@gmail.com) or mail 480 S. Calvary Way Cottonwood, AZ 86326

**Unit Name/Unit #:** \_\_\_\_\_

**Chaplain's Name:** \_\_\_\_\_

**Chaplain's Email and Phone Number:** \_\_\_\_\_

## Introduction

This report summarizes the activities, spiritual support, and overall wellbeing of the unit during the reporting period.

## Unit Spiritual Activities

- Conducted Invocation and Benedictions at unit meetings? Y/N
- Provided spiritual counseling and support to unit members and their families? Y/N
- Performed Draping Charter ceremonies Y/N How many unit members lost by death? \_\_\_\_\_
- Reported names of members who are ill at meetings? Y/N
- Visited ill members and veterans in nursing homes and/or hospital? Y/N How many \_\_\_\_\_
- Sent get well cards? Y/N How many \_\_\_\_\_
- Sent Sympathy Cards? Y/N How many \_\_\_\_\_
- Sent Thinking of You/Joy Cards? Y/N How Many \_\_\_\_\_
- Made Phone calls to members? Y/N How many \_\_\_\_\_
- Attended Memorial Service/Funerals/Celebration of Life? Y/N How many \_\_\_\_\_
- Participated in Initiation of New Members Ceremony? Y/N How many new members \_\_\_\_\_
- Participated in Hall Dedication Ceremonies? Y/N How many \_\_\_\_\_
- Participated in Four Chaplain Ceremony? Y/N Date: \_\_\_\_\_
- Participated in Wreath's Across America? Y/N Where \_\_\_\_\_
  - Donations? Y/N
  - Placed Wreaths? Y/N
  - Picked up Wreaths? Y/N
- Did your Unit prepare a Prayer Book for the Unit President? Y/N
- Did your Unit send a prayer in for the Department President's Chaplain Gift? Y/N
- Did your Unit participate in the ALA Arizona Chaplain Circle? Y/N

## Conclusion

The chaplaincy continues to play a vital role in maintaining the spiritual and emotional resilience of the unit. Ongoing efforts will focus on expanding support services and fostering a supportive environment for all members. Thank you for all your efforts to keep your unit's faith in God and Country strong!

Please use a separate sheet to elaborate and/or submit an entry for the **Sharon Alley Service to God and Country Award (Please follow the department guidelines for award submission)**

## Children & Youth Year End Report Form 2025/2026

Unit \_\_\_\_\_

Total Membership \_\_\_\_\_

Chairman Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Did your unit involve the Legionnaires, the Sons and the Legion Riders? \_\_\_\_\_  
How many of each group participated? \_\_\_\_\_

Describe how they participated. \_\_\_\_\_

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What events were held to support children and youth? \_\_\_\_\_

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This includes Kids of Deployed are Heroes 2 (KDHD). Please include how many children were helped, volunteer hours, funds raised and used, and online materials used. Please separate programs for veterans and military families from other children and youth activities.

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What was the amount of money raised or donated to the ALCWF? \_\_\_\_\_  
How was the Child Well-Being Foundation promoted? \_\_\_\_\_

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How did you celebrate the Month of the Military Child in April, including Purple Up! Day on April 15<sup>th</sup>? \_\_\_\_\_

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How did you promote the ALA's Youth Hero and Good Deed Awards? \_\_\_\_\_

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Is there something your members accomplished this year for which you are exceptionally proud? \_\_\_\_\_

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UNIT Children & Youth Year-End Report Form (form on back side of this paper). You may use separate paper if needed. Attach photos if possible.

Please return this form, Unit Year-end report, to:

Dept of AZ Children & Youth

Barbara Whitney

12556 East 50th Lane

Yuma, AZ 85367

or email: [barbaraw527@icloud.com](mailto:barbaraw527@icloud.com)

on or before May 1, 2026.

(When emailing, please put your unit number in the subject area.)

Children and Youth Plaques

Reminder: A typed narrative, of not more than 1,000 words, must be submitted to be eligible for:

The Arizona Child Welfare Plaque (awarded to a unit with membership of 151 and over).

The Jeanne McQuown Memorial Child Welfare Plaque (awarded to a unit with membership of 150 and under).

or

The Mary Bean Children And Youth Plaque (awarded to the unit for the most outstanding Children and Youth program during the month of April).

Monthly Unit Request:

I am asking that each unit submit to me by the 12th of each month something related to Children & Youth that happened in their unit.

It can be a synopsis of the activity to include the unit name and number. Pictures are definitely welcomed. I would be thrilled if every unit submitted something each month.

For God and Country,

Barbara Whitney

ALA Dept. of AZ C&Y chairman

[barbaraw527@icloud.com](mailto:barbaraw527@icloud.com)

Due date May 1 , 2026

Community Service 2025 – 2026  
Year End Report Form

Unit Chairman

Unit Name and number

Chairman Address

1. What specific things did your unit do to make your community a better place to live?

2. What did your unit do to mobilize community support for those who are serving our country?

3. How did your unit participate in the Martin Luther King Jr. Day of Service and the 9/11 National Day of Service? Please give as many specific details as possible.

4. Did your unit find new and creative ways to promote the ALA Community Service program? Please give specific examples.

5. How did your Post, Unit, Squadron, and Chapter work together to promote and carry out an American Legion Family Day activity? Please send a description of the activity with photos.

Program	Miles Driven	Money Spent	Hours
Adopt a Highway			
Assisting with Blood drives			
Community Beautification			
Community Support for Troops			
Food Banks			
Habitat for Humanity			
Homeless Shelters			
Individual Community Needs			
Libraries			
Make a Difference Day			
Nursing Homes			
Recycling			
Schools			
Senior Citizen Centers			
Welcome Home Troops			
Youth Appreciation Week			
Martin Luther King Jr. Day of Service			
9/11 National Day of Service			
American Legion Family Day activity			
Other			
<b>Totals</b>			

If you are competing for a Department Award, please submit a narrative following the rules in the Department Awards Manual.

Mail by May 1 , 2026

**Joanie Whitsett    707-478-2102    joanieala86@gmail.com**

**EDUCATION YEAR-END REPORT FORM  
2025-2026**

Unit Number \_\_\_\_\_

Total Membership \_\_\_\_\_

Chairman Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ e-mail address \_\_\_\_\_

**Supporting the Program**

Number of Unit Members involved in support of the program \_\_\_\_\_

Number of Juniors involved in support of the program \_\_\_\_\_

Number of Legionnaires involved in support of the program \_\_\_\_\_

How did the Unit promote the National Scholarships?

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How did your Unit promote the Department Scholarship, the Wilma Hoyal-Maxine Chilton Memorial Scholarship?

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Number of Unit Scholarships awarded \_\_\_\_\_ Dollar value \_\_\_\_\_

Did your Unit participate in American Education Week? Briefly describe the activities.

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Did your Unit participate in the *Give 10 to Education* program? How many *Give 10 to Education* certificates were given in your Unit? \_\_\_\_\_ Briefly describe the activities.

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Did your Unit present the *Veterans in the Classroom* program? Briefly describe the activities.

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Did your Unit actively support any Veterans associations on college or university campuses? Briefly describe the activities.

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Did your Unit help assist needy students? Briefly describe the activities.

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Did your Unit involve the Legionnaires, the Sons and the Legion Riders? How many of each group participated? In what way did they participate?

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What were the other community resources or activities your Unit used to assist students, teachers or support personnel?

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You may use separate paper, if needed.

Please return this form to the Education Chairman, **Julie Vietri, 7663 E. 6th St., Scottsdale, AZ 85251** or **jvietri@msn.com** , on or before **May 1, 2026**.

Reminder: A typed narrative, not to exceed 1000 words, must be submitted to be eligible for the **Jean Batley Plaque** or the **Chrysteen Fritzinger Plaque**.

**AMERICAN LEGION AUXILIARY  
2025-2026 FINANCE REPORT FORM**

Complete and Return by May 1, 2026 to:

Yolanda Bonilla  
15606 S. Gilbert Rd. #103  
Chandler, AZ 85225 Or Email to [yodobo@msn.com](mailto:yodobo@msn.com)

Unit Name No. ALA \_\_\_\_\_

(Please list exactly as registered with the Internal Revenue)

EIN No. \_\_\_\_\_

Unit/District Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

Fiscal Year: \_\_\_\_\_

Date Last Filed 990 with IRS: \_\_\_\_\_ If so, Which One? \_\_\_\_\_

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Did You File Incorporation with the Arizona Corporation Commission? \_\_\_\_\_

ACC No. \_\_\_\_\_

Unit/District Name and No. \_\_\_\_\_

(Please list exactly as registered with the Arizona Corporation Commission)

Filing Date: \_\_\_\_\_

Statutory Agent: \_\_\_\_\_

Address: \_\_\_\_\_

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

Fiscal Year: \_\_\_\_\_

This information is a requirement for maintaining compliance with the National organization, Internal Revenue and the Arizona Corporation Commission for Non-Profit Organization status. This information is ONLY USED FOR REFERENCE PURPOSES and will become part of the American Legion Auxiliary Department of Arizona files after review by the Finance Committee.

Any questions? Call/email Yolanda Bonilla – 602-989-3321 or [yodobo@msn.com](mailto:yodobo@msn.com)

**AMERICAN LEGION AUXILIARY  
GIRLS STATE REPORT FORM  
2025-2026**

**Please complete and return no later than May 1, 2026, to:**

**Penny Maklary 1354 12<sup>th</sup> St. Douglas, AZ 85607 520-850-1951 [ahhpenny@aol.com](mailto:ahhpenny@aol.com)**

**UNIT NAME**\_\_\_\_\_ **UNIT NUMBER**\_\_\_\_\_

**UNIT CHAIRMAN**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_

**TOTAL MEMBERSHIP**\_\_\_\_\_ **PHONE**\_\_\_\_\_

**1. Number of delegates sponsored?**\_\_\_\_\_

**2. How were schools contacted?**\_\_\_\_\_

**3. Did your UNIT hold or participate in an Orientation?**\_\_\_\_\_

**4. Did your UNIT hold an activity where Girls State Citizens were asked to speak?**\_\_\_\_\_

**Please describe activity:**\_\_\_\_\_

**5. How many girls were eligible to be Auxiliary members? \_\_\_\_\_ How many joined? \_\_\_\_\_**

**6. Describe any publicity coverage:**\_\_\_\_\_

**7. What type of fundraising events did you hold? \_\_\_\_\_**

**8. How many members signed up for the Fry's Rewards Program? \_\_\_\_\_**

**9. Did you make an "extra" donation (not registration fees)? \_\_\_\_\_ Amount? \_\_\_\_\_**

**What was it designated for? \_\_\_\_\_**

**10. Please give names of those contributing for our delegates here, on back or on separate sheet:**\_\_\_\_\_

**11. Please include any comments or information you would like to share here, on back or on separate sheet:**\_\_\_\_\_

**12. Are you submitting an entry for the YVONNE GRAINGER PLAQUE? \_\_\_\_\_**

# Year-End History Report

## Due May 1, 2026

**Unit Name:**

**Unit Number:**

**District Name:**

**District Number:**

**Name of person completing the report:**

**You're phone & email address**

If you had a **Department Officer** officially attend a unit/district function (including mission training), please provide the following:

**Date of Officer Visit:**

**Officer Name and Title:**

Briefly, what events did the officer attend while visiting your unit?

Were junior members involved or attending function? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Were any significant gifts presented to the office in attendance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please provide any other details for the Arizona Department History for 2025-2026 below (or attach information).

Please describe one effort that your Unit/District completed this year of which you are most proud about.

Will you Unit/District be submitting History Book at the Department Convention?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

You may send in pictures with this entry, and please make copy to keep for our Unit History. We wish you a successful year with great stories to share.

**Please return your report back to me at the information listed below:**

**US Mail:** Stephanie McMullen / 16575 W. Moreland St. Goodyear, AZ 85338

**Email Address:** [stephaniemcmullenala62az@gmail.com](mailto:stephaniemcmullenala62az@gmail.com) **Questions:** Text (623) 910-4716

# **JUNIOR ACTIVITIES REPORT FORM 2025-2026**

Please return form no later than May 1, 2026  
Jacque Solis 520-234-7909 [jacquelinesolis24@gmail.com](mailto:jacquelinesolis24@gmail.com)

Unit Name and Number \_\_\_\_\_ Membership \_\_\_\_\_

## Chairman

Address \_\_\_\_\_ Phone \_\_\_\_\_

1. How did your Unit involve your Junior members in mission-related activities, such as poppy distribution, community service projects, helping military families, or supporting veterans?
2. What leadership opportunities did you provide to actively involve your Junior members in Unit, District, and/or Department meetings?
3. What did you do to increase involvement in the ALA Patch Program for Junior members and young Sons of the American Legion?
4. How did you promote and encourage participation in the both the Junior Member of the Year Award AND the Rising Star Junior Award?
5. How did you make Junior meetings fun and informative?
6. Are your Juniors applying for any Department Awards?  
*--Ethel M. Jarvis Service to Veterans Plaque, --Moulton Junior Auxiliary Scrapbook Plaque, --Miss Poppy Plaque, --Ronnie Sterling Junior Recruiter of the Year Award, --Connie Erickson Middlebrook Junior History Plaque, --Kory Lynn Jarvis Junior Auxiliary Member of the Year Plaque, --Evelyn Hoff Junior Prayer Book Plaque*  
BE SURE TO CHECK SPECIFIC AWARD RULES IN DEPARTMENT AWARDS MANUAL
7. Is your Senior Unit applying for any of the Department Awards reflecting their involvement with the Juniors?  
*--Elizabeth Ann Brown-Paxson Americanism Award, --Department Junior Activities Plaque to Unit with membership 150 and under, --Kitchen Junior Activities Plaque to Unit with membership of 151 and over, --Barbara Freda Junior Involvement Award*  
BE SURE TO CHECK SPECIFIC AWARD RULES IN DEPARTMENT AWARDS MANUAL

**American Legion Auxiliary  
Department of Arizona  
Leadership/Arizona Mission Training  
2025 - 2026 End of Year Report**

Unit # \_\_\_\_\_ Unit Name \_\_\_\_\_ Membership \_\_\_\_\_  
Contact Person \_\_\_\_\_ email \_\_\_\_\_

**1. As part of the ALA Centennial Strategic Plan, did your Unit participate in any ALA Academy courses? \_\_\_\_\_ How Many? \_\_\_\_\_ Please name them \_\_\_\_\_**

**2. Did you have Unit members above the Unit level who mentored your members? \_\_\_\_\_  
How many mentors? \_\_\_\_\_ How many members mentored? \_\_\_\_\_**

**3. How many Mission Training's did your members attend? \_\_\_\_\_**

**4. Of members attending these training's, did you receive feedback concerning what they learned? If so, what was included in the feedback? \_\_\_\_\_**

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**5. Did your Unit submit narratives for any Leadership Awards?**

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Unit Member of the Year

\_\_\_\_\_ LaVan Erickson Leadership Plaque

\_\_\_\_\_ Vickey J. Zwall Mentor of the Year Plaque

**6. Were there any highlights or information taken from your training's that you would like to share? If so, please use back of this form. Thank You.**

**Karen Smith [ksmith111@cox.net](mailto:ksmith111@cox.net) or 1133 Carmelita Drive, Sierra Vista 85635**

**AMERICAN LEGION AUXILIARY DEPARTMENT OF  
ARIZONA**

**LEADERSHIP/ARIZONA MISSION TRAINING UNIT**

**MEMBER OF THE YEAR**

**APPLICATION**

- 1. Application open to senior members who are not currently, nor have ever been, in an elected or appointed position leadership role higher than Unit President.**
- 2. Each Unit may submit one entry only.**
- 3. Unit must submit a narrative of 1,000 words or less describing the nominee's accomplishments and activities together with the following information. Please include and send this form and narrative together.**
- 4. Due to Leadership chairman by May 1, 2026.**

**Karen Smith                    1133 Carmelita Drive                    Sierra Vista 85635**

**ksmith111@cox.net                    (520) 249-1119**

**NAME\_\_\_\_\_ DATE\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_**

**CITY\_\_\_\_\_ ZIP CODE\_\_\_\_\_**

**EMAIL\_\_\_\_\_ TELEPHONE\_\_\_\_\_**

**NOMINEE'S MEMBERSHIP NUMBER:\_\_\_\_\_**

**NOMINEE'S YEARS OF MEMBERSHIP\_\_\_\_\_**

**NAME AND # OF UNIT SUBMITTING APPLICATION:**

**\_\_\_\_\_ MEMBERSHIP \_\_\_\_\_**

**PLEASE CHECK [aladeptaz.org](http://aladeptaz.org) FOR CRITERIA REQUIRED FOR THIS AWARD.**

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# How to Complete the Legislative Year-End Report

*A simple walkthrough for every Unit*

## Box 1 – Unit Information

This one is easy! Just fill in your Unit name, number, and contact information. This helps me reach you if I have questions — especially if your handwriting gets a little creative.

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## Box 2 – What Your Unit Did to Promote Legislation

Tell me what your Unit did this year at the **Unit level**. Examples include:

- Sharing monthly updates on grassroots bills with your members
- Encouraging members to write letters during Legislative Month
- Promoting “Get Out the Vote” efforts for the state
- Or the most common answer: **N/A — we didn’t do anything**
  - And yes... **that is completely OKAY!**
  - Reporting “nothing” still counts and still helps Arizona.

## Box 2, Question 2 – Did you do any of the following?

This section is simply a checklist to help jog your memory.

If you didn’t do something, just check **No**.

(Hint: This is a state election year with races for Governor, Attorney General, U.S. House seats, and State Legislature seats.)

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## Box 3 – Campaigns (Grassroots Advocacy)

This refers to actions taken through the American Legion’s grassroots system:

<https://www.votervoice.net/AmericanLegion/Register>

If you participated:

- How many actions did you complete

- Did you receive any responses
- How did you keep track

For example, in my Unit we report in March how many actions we submitted and whether we received replies. Personally, I save all response emails in a special folder so I can easily count them at year-end.

(And yes... Arizona is rarely in the top 20 for participation. Wouldn't it be great to change that? Just do your best!)

You can also report if you:

- Hand-wrote and mailed letters
- Called or texted an official
- Contacted national, state, or local leaders

### **How did you promote these efforts?**

Examples:

- Mentioned them in meetings
- Included them in your newsletter
- Or... didn't promote them at all — and that's fine, just report it.

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### **Box 4 – Final Page**

- Did your Unit promote the Auxiliary at the local, state, or national level?
  - If not, simply mark **N/A**.
- Is there anything else you want me to highlight or promote for you?
- Are you including a narrative?
  - If yes, I'll make sure it stays attached.
  - If no, I'll use the contact information from Box 1 if I need clarification.

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## **Submitting Your Report**

 **Email your Year-End Report by May 1, 2026**  
[alalegislativaz@gmail.com](mailto:alalegislativaz@gmail.com)

**Subject line:**  
**Unit # – Leg 25-26 Year-End**

I will respond within 24 hours.  
If you don't hear from me, please call **623-640-0134**.

 **If you prefer to mail:**

**Kathy Amery**  
9902 W Desert Hills Drive  
Sun City, AZ 85351

Please reach out anytime (except during sleeping hours!) if you have questions or want to send photos.

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## Legislative Report Year-End 2025-2026

### Department Arizona **Box 1**

Unit Number \_\_\_\_\_

Unit Name \_\_\_\_\_

Unit Chairman\_\_\_\_\_

Contact email\_\_\_\_\_

Contact Phone\_\_\_\_\_

### Unit meetings- Tell me about it! **Box 2**

What have you done to promote Legislative at your meetings?

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Did you do any of the following?

Legislative Rallies No  Yes  Town Hall Meetings No  Yes

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Meet the Candidates Night No  Yes

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Did you do something else to promote legislative activities? No  Yes

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Did you promote outside your unit? For example, to Legion, Riders or SAL?

No  Yes

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## **Voting**

Did the Unit promote voting to its members? No  Yes

Give details on a separate sheet or make sure to include them in the narrative.

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Are you including pictures? No  Yes  If so, please make sure to include event, who is in pictures, date.

**Please provide details here or on another sheet or in your narrative.**

### Campaigns Box 3

Are anything you did writing letters, conversations or grass roots efforts. Give details on a separate sheet or make sure to include them in the narrative.

Were there any campaigns to White House, U. S. Senators, Reps, State or Local Officials?

No  Yes

How many emails through Grass Roots action center sent?

U.S. Senators \_\_\_\_\_ U.S. Reps \_\_\_\_\_ State Officials \_\_\_\_\_ Local Officials \_\_\_\_\_ White House\_\_\_\_\_

How many letters were sent to:

U.S. Senators \_\_\_\_\_ U.S. Reps \_\_\_\_\_ State Officials \_\_\_\_\_ Local Officials \_\_\_\_\_ White House\_\_\_\_\_

Number of Other Contacts (visits, telephone calls, or direct e-mails etc.) with?

U.S. Senators \_\_\_\_\_ U.S. Reps \_\_\_\_\_ State Officials \_\_\_\_\_ Local Officials \_\_\_\_\_ White House \_\_\_\_\_

Number of Replies Received:

U.S. Senators \_\_\_\_\_ U.S. Reps \_\_\_\_\_ State Officials \_\_\_\_\_ Local Officials \_\_\_\_\_ White House \_\_\_\_\_

How did you promote these activities?

**Box 4-Last page**

Did you or your unit write a resolution, or petition for rights for our Veterans, for example go to your local Mayor and petition for Be the One Day 1<sup>st</sup> day of each month?

No  Yes

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Describe any other Legislative activity that you would like to share. Give details on a separate sheet or make sure to include them in the narrative.

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**Narrative included? No  Yes**

**E-MAIL YEAR-END REPORT BY MAY 1, 2026**

**[alalegislativeaz@gmail.com](mailto:alalegislativeaz@gmail.com)**

- in the subject line put Unit # Leg 25-26 Year End-

**I will respond within 24 hours of receiving. If you do not hear from me- call 623 640 0134**

**If you prefer to mail Kathy Amery | 9902 W Desert Hills Drive Sun City, AZ 85351**

## Membership Report 2025-2026

Due May 1, 2026

Marge Christianson [alaunit62az@gmail.com](mailto:alaunit62az@gmail.com) or 9611 W Bonita Ct, Sun City AZ 85373

**Unit Name and Number:** \_\_\_\_\_

**Person completing form:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

# of Senior members \_\_\_\_\_ # of Junior members \_\_\_\_\_

## RETENTION OF MEMBERS:

1. Please describe any Unit/Post membership renewal/rejoin incentives such as discounts, early bird rewards (dinner, drink coupon), prizes, event drives-- including which ones were most effective?
2. Please describe how your Unit reached out to members who did not renew -- via email, text, phone or mail? Did you send out any "America 250" postcards? Which efforts were most effective?
3. Please describe your most effective on-going efforts to engage Senior Members in the ALA mission:
4. Please describe your most effective on-going efforts to engage Junior members in the ALA mission:

## RECRUITING NEW MEMBERS

1. Please describe any public event(s) where you recruited new members and if and why you found the effort worthwhile.
2. Please describe any recruitment efforts such as family & friends promotions, popular activities at Post home, Legion Family cross-recruitment etc. that you found effective.

**Thank you for sharing information that will help other Units benefit from your experience!**

**American Legion Auxiliary Department of Arizona**

**Year-End Music Report Form**

**Due to Chairman no later than May 1, 2026**

Unit / District Name & Number: \_\_\_\_\_

Unit / District President: \_\_\_\_\_ Unit / District Music Chairman: \_\_\_\_\_

No. of Unit Members: \_\_\_\_\_

1. Does the Unit/District have a Music Chairman? \_\_\_\_\_
2. If so, does that person choose the songs for all meetings? \_\_\_\_\_
3. If the Unit / District does not have a Music Chairman, who decides which songs to sing or play? \_\_\_\_\_
4. How is music incorporated into the various functions at the Unit / District or Post? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do members regularly participate in music programs in their individual houses of worship and communities? \_\_\_ If so, give some examples: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are regular visits made to hospitals / facilities to entertain with song? \_\_\_\_\_

If so, what locations were visited and what kind of programs were held? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email / Text / Snail Mail to me.

Alma Mattingly, Department Music Chairman  
16575 W. Moreland St.  
Goodyear, AZ 85338  
amblonde01@gmail.com  
602-999-4054

**NATIONAL SECURITY  
ANNUAL REPORT FORM 2025-2026**

Send completed form by May 1, 2026

**Stacey Mayberry**

702-403-4903

Email: mayberry.stacey@gmail.com

Membership Count \_\_\_\_\_

Name and Number of Unit \_\_\_\_\_

Unit Chairman \_\_\_\_\_

<b>Activity</b>	<b>Number ALA Members Participated</b>	<b>Number of Hours</b>	<b>Money Spent</b>	<b>Miles Driven</b>
Host/Attend a CERT Program				
Post POW/MIA at Unit Meetings	Yes      NO			
Support Active Military Families. How Many _____				
USO Support				
Military Family Readiness Group				
Other Items: yard work, social calls, childcare, cooking meals, etc				
Award a Quilt of Valor	<b>How many?</b>			
Welcome Home Project				
ROTC/JROTC Programs				
Donate Blood				
Blue Star Families Blue Star banners given out?				
Gold Star Families Gold Star banners given out?				
Clip Coupons	<b>Dollar Amount of Coupons?</b>			

## National Security continued

List other activities your Unit did for the active military.

Is your Unit entering a narrative for a Department Plaque?

1. Steffen Memorial Plaque for Units with membership of 150 and under Y or N

2. Speth Plaque for Units with membership of 151 and over Y or N

3. Helen Johnson Bone Civil preparedness (cert) plaque Y or N

Is your Unit entering a narrative for a National Award? If so, be sure to let me know.

**American Legion Auxiliary Department of Arizona Annual Report Form**  
**Past Presidents Parley 2025-2026**

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**Please complete this form and return to me by regular SNAIL MAIL ONLY:**  
**Patricia Lugo, 5421 W. Fremont Rd. Phoenix, AZ 85339 602-475-0208**

**REPORT FORM MUST BE RECEIVED BY MAY 1, 2026**

**UNIT NAME AND NUMBER:** \_\_\_\_\_ **Unit Membership count** \_\_\_\_\_

**UNIT CHAIRMAN:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_  
\*\*\*\*\*

- 1. Does your Unit have an active Past President Parley?** Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. If so, number of members in your Parley?** \_\_\_\_\_
- 3. Does your Parley include other Units?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many Units and include the name and how many members of the Unit  
\_\_\_\_\_
- 4. Did your Parley contribute to the Department Nurses Scholarship Fund?**  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, donation amount. \$ \_\_\_\_\_
- 5. Does your District have an active Past Presidents Parley?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, number of members in the Parley. \_\_\_\_\_
- 6. Did your District Parley contribute to the Department Nurses Scholarship Fund?**  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, donation amount. \$ \_\_\_\_\_
- 7. Does your Unit or Parley honor Female Veterans?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please give a short explanation. \_\_\_\_\_
- 8. Are your Parley members attending the Department Past Presidents Parley Luncheon held at Convention?** Yes \_\_\_\_\_ No \_\_\_\_\_
- 9. Do your Unit past presidents' mentor members? Does your Unit or District honor Past Presidents? If so, please give a short explanation.** \_\_\_\_\_
- 9. Are you entering a narrative for the following Department Plaques?**  
Arizona Active Past Presidents Plaque Yes \_\_\_\_\_ No \_\_\_\_\_  
Cora Grigg Past Presidents Parley Plaque Yes \_\_\_\_\_ No \_\_\_\_\_



## POPPY REPORT 2026

Unit Name \_\_\_\_\_

Unit Number \_\_\_\_\_

Unit Chairperson \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

### POPPY STATISTICS

2024-25 Poppy order \_\_\_\_\_ 2025-2025 \_\_\_\_\_

Money received from donations \_\_\_\_\_ Fundraiser amount \_\_\_\_\_

### VOLUNTEERS

Seniors \_\_\_\_\_ Juniors \_\_\_\_\_ SAL \_\_\_\_\_ Veterans \_\_\_\_\_ Non-Members \_\_\_\_\_

### HOURS

Seniors \_\_\_\_\_ Juniors \_\_\_\_\_ SAL \_\_\_\_\_ Veterans \_\_\_\_\_ Non-Members \_\_\_\_\_

Total Volunteers \_\_\_\_\_ Total Volunteer Hours \_\_\_\_\_

Number of Poppy Makers \_\_\_\_\_ Hours \_\_\_\_\_ Number of poppies made \_\_\_\_\_

Number of Certificates of Appreciation awarded \_\_\_\_\_ Poppies to Elected Officials \_\_\_\_\_

### PROMOTING POPPY PROGRAM AND BENEFITS

Explain promotion to veterans \_\_\_\_\_ Explain promotion to community \_\_\_\_\_

Explain promotion to veterans	Explain promotion to community
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Veterans assisted \_\_\_\_\_ Total Volunteer Hours \_\_\_\_\_ Total Money awarded \_\_\_\_\_

Explain assistance \_\_\_\_\_

Explain assistance
--------------------

**Total veteran/community events utilizing poppies** \_\_\_\_\_  
**Explain**

**Explain National Poppy Day Promotion**

**MISS POPPY PARTICIPATION**

**Age Category 6-12** \_\_\_\_\_ **Age Category 13-18** \_\_\_\_\_ **Explain participation during year:**

**Competing for Department Award** \_\_\_\_\_

**National Award** \_\_\_\_\_

**POPPY POSTER CONTEST**

**Number of schools** \_\_\_\_\_ **Number of posters** \_\_\_\_\_ **Number of Certificates Awarded** \_\_\_\_\_

**Number of Posters received in the different categories**

**Class I** \_\_\_\_\_ **Grades 2-3** \_\_\_\_\_

**Class V** \_\_\_\_\_ **Graded 10-11** \_\_\_\_\_

**Class II** \_\_\_\_\_ **Grades 4-5** \_\_\_\_\_

**Class VI** \_\_\_\_\_ **Grade 12** \_\_\_\_\_

**Class III** \_\_\_\_\_ **Grades 6-7** \_\_\_\_\_

**Class VII** \_\_\_\_\_ **Special Needs** \_\_\_\_\_

**Class IV** \_\_\_\_\_ **Grades 8-9** \_\_\_\_\_

**ALL POSTERS MUST BE RECEIVED BY MAY 10<sup>TH</sup> TO BE CONSIDERED. ATTACH  
COMPLETED APPROPRIATE DOCUMENT**

**Is the Unit competing for:** \_\_\_\_\_ **Marie Cooney Memorial Plaque** \_\_\_\_\_

**Marie Townshend Memorial Plaque** \_\_\_\_\_ **Patriotic Poppy Decoration Plaque** \_\_\_\_\_

**Nita Kimball Community Poppy Awareness Plaque** \_\_\_\_\_ **IDENTIFY ENTRY CATEGORY** \_\_\_\_\_

**MARIE COONEY PHOTO MUST HAVE EXPLANATION ON BACK, REMEMBER THE**

**RULES ALL REPORTS AND NARRATIVES DUE MAY 1, 2026**

**Kat Sticklin, Department Poppy Chair** **928-322-1550** **katsticklin2025@gmail.com**

PLEASE EMAIL COMPLETED FORMS FOR EVERY EFFORT TO THE PSP to  
PSP CHAIRMAN- [ALADawnDavidson@gmail.com](mailto:ALADawnDavidson@gmail.com) OR  
SNAIL MAIL TO --11070 S. Camino San Clemete, Vail, AZ 85641

Today's DATE \_\_\_\_\_

UNIT or DISTRICT from \_\_\_\_\_

CONTACT Person for UNIT or DISTRICT --*phone contact and email*

## WHAT ACTIVITY OR PROJECT WAS PERFORMED FOR THE PRESIDENT'S SPECIAL PROJECT?

WHO PARTICIPATED? \_\_\_\_\_

**DATE OF DONATION / ACTIVITY- EFFORT FOR PSP**

**American Legion Auxiliary  
Department of Arizona  
Public Relations 2025-2026  
End of Year Report**

Unit #\_\_\_\_\_ Unit Name:\_\_\_\_\_ Membership:\_\_\_\_\_

Public Relations Chairman:\_\_\_\_\_ email:\_\_\_\_\_

1. Does your Unit have an online presence?  Yes  No  
Website address:\_\_\_\_\_ Social Media: @\_\_\_\_\_
2. Does your Unit have a monthly bulletin or newsletter?  Yes  No  Available Online
3. Will your Unit be submitting a Press Book at Convention?  Yes  No
4. Did you find the tools and packet provided from Fall Conference useful during your year as Public Relations Chairman?  Yes  No
5. Do you have any changes or recommendations on the PR Packet for next year?  Yes  No  
List here:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Did you coordinate with your local media outlets to help cover your events?  Yes  No  
If so how:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. If our Department President visited your Unit, how did you promote her visit?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Year end reports are due to the Department PR Chairman no later than May 1, 2026**

Shannon Mead, Department Public Relations Chairman  
8938 W. Hilton Avenue, Tolleson, AZ 85353  
[shannonmead@live.com](mailto:shannonmead@live.com)  
623-521-1263 for questions

## American Legion Auxiliary Department of Arizona Annual Report Form

### 2025 - 2026 VA&R Report Form - Due May 1, 2026

Return to Lynda Griffin, [Lynda4ala@gmail.com](mailto:Lynda4ala@gmail.com), (623) 349-3979 ( call or text)

Unit Name and Number: \_\_\_\_\_

**NOTE:** You can complete this report form or if you want to send a narrative answering the following questions, it can be used for Department or National award submissions.

1. How did your Unit/members support rehabilitation and healing of veterans through **Art, Crafts, and Hobbies?**
2. How did your Unit/members support veteran **caregivers, family members, and survivors?**
3. How did your Unit/members support your local **VA (Gift Shop, Arts, Bingo, Donations, etc) or Veteran State Home facility (cards, parties, donations, etc)?**
4. How did your Unit/members help the American Legion, AZ Department of Veterans Services, and Chamber of Commerce to promote or assist with **job fairs or standdowns for veterans and their families?**
5. How did your Unit/members support veterans and their families in the community by collaborating with **external like-minded organizations such as P.A.W.S.S., Honor Flight, Wreaths Across American, Quilts of Valor, etc?**
6. What **other** opportunities did your Unit/members take to support your local veterans and their families in your community?

**Service to Veterans Annual Report Form**  
**Please complete and return by May 1, 2026**  
**Sara C. Decker 1256 W. Ivanhoe St., Chandler, AZ 85224**  
**480-580-3269 saradeckeraz@gmail.com**

Unit name and number \_\_\_\_\_  
Chairman \_\_\_\_\_

Did the Unit/Members participate in:

Hospital Service:	Where _____	Hours _____	Cost _____
Gift Shop:	Where _____	Hours _____	Cost _____
Creative Arts:	Where _____	Hours _____	Cost _____
State Home Service:	Where _____	Hours _____	Cost _____
Stand Downs:	Where _____	Hours _____	Cost _____
Care of a Homebound Veteran:		Hours _____	Cost _____
Assist Homeless Veterans:		Hours _____	Cost _____
Salute to Veterans:		Hours _____	Cost _____
Adopt a Veteran:	How Many _____	Hours _____	Cost _____
Anything not listed:	Describe _____	Hours _____	Cost _____

Please account for all hours donated by the volunteers listed below:

<u>Number of Volunteers</u>	<u>Hours</u>	<u>Number of Veterans Served</u>
Legionnaires	_____	_____
Auxiliary	_____	_____
Sons	_____	_____
Juniors	_____	_____
Riders	_____	_____
Non Affiliated	_____	_____
<b>TOTALS OF ABOVE</b>	_____	_____
<b>TOTAL MILES DRIVEN</b>	_____	<b>TOTAL EXPENSE</b> _____

**MAKE SURE TO ATTACH YOUR NARRATIVE FOR DEPARTMENT AWARDS**

**Carmelite Staker Creative Arts Award Annual  
Report Form  
2025 - 2026**

Please complete and send to: Anita Ritter  
8020 E Thomas Road, Unit 128  
Scottsdale, AZ 85251-6668  
[Ritmar@cox.net](mailto:Ritmar@cox.net)  
602-679-1785

**Reports MUST reach me no later than May 1, 2026**

Unit Name \_\_\_\_\_

Unit Number \_\_\_\_\_

Number of Members \_\_\_\_\_

Unit Chairman or person completing this report: \_\_\_\_\_

Contact address or email: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Did your Unit have a special fundraiser or event for Creative Arts this year? Please briefly describe.  
\_\_\_\_\_  
\_\_\_\_\_

Did anyone from your Unit volunteer at a Veteran's Hospital Creative Arts Festival this year? \_\_\_\_\_

How many \_\_\_\_\_

Total Hours \_\_\_\_\_

Did others attend a Creative Arts Festival, not as a volunteer? \_\_\_\_\_ How many \_\_\_\_\_

Total \$ amount donated for Creative Arts this year from your Unit \_\_\_\_\_