## **American Legion Auxiliary**

Department of California



## **Community Service - District Mid Year Report for 2022-2023**

| District #             | No. Of Units Number of Units Reporting |                         |                         | J                  |
|------------------------|--|-------------------------|-------------------------|--------------------|
| District Chairman:     |  |                         |                         | <del></del>        |
| Phone #:               | Email:                                 |                         |                         |                    |
|                        | Nat                                    | ional Emphasis          |                         |                    |
| a. Which Ones?         | ?                                      | al recognized Days of S |                         |                    |
| 2. Number of Units par | rticipating in any Homel               | ess Veteran Activity?   |                         |                    |
| •                      | rticipating in any Job/Ca              |                         |                         |                    |
|                        |  | nted & monitored comm   | unity events that aided | veterans or active |
|                        | and families# o                        |                         |                         |                    |
|                        | -                                      | rved promoting Homeles  |                         |                    |
|                        | -                                      | Homelessness Preven     | tion?                   |                    |
|                        | nits \$                                |                         |                         |                    |
| c. Value of in-kir     | nd donations \$                        |                         |                         |                    |
|                        |  | Department Emphasi      |                         |                    |
| 1. Number of Units dor | nating to California Disa              | ster Fund?              | _ Amount \$             |                    |
| 2. Number of Units nor | minating a Volunteer of                | the year? Senior Memb   | erJr Member             |                    |
|                        |  | Individualized Projec   | te                      |                    |
| Activities             | # of volunteers                        | Money Donated           | Value of Donations      | Hours              |
| Food Banks             |  |                         |                         |                    |
| Senior Centers         |  |                         |                         |                    |
| Homeless Shelters      |  |                         |                         |                    |
| Medical Clinics        |  |                         |                         |                    |
| Women's programs       |  |                         |                         |                    |
| <b>Blood Donations</b> |  |                         |                         |                    |
| Nursing Homes          |  |                         |                         |                    |
| Libraries or Museums   | S                                      |                         |                         |                    |
| Recycling              |  |                         |                         |                    |
| Beautification         |  |                         |                         |                    |
| Cancer Awareness       |  |                         |                         |                    |
|                        |  |                         | ·                       | <u> </u>           |

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Submit this completed form to your **Department Chairman** no later than December 15, 2022.