

**MARINE CORPS LEAGUE AUXILIARY
DEPARTMENT COVER SHEET**

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DEPARTMENT _____ # of MEMBERS _____ DATE _____

REPORT (please check one)

_____ AMERICANISM _____ CHILD WELFARE _____ CIVICS*
 _____ REHABILITATION _____ VAVS _____ GIRL SCOUTS**

CHAIR _____

ADDRESS _____ EMAIL OR PHONE _____

UNIT NAME	#MBRS	TIMES VOLUNTEER	HOURS	DONATIONS	MILES	VALUE OF MILES	TOTAL VALUE
TOTALS							

*CIVICS ONLY PINTS OF BLOOD _____

**GIRL SCOUTS ONLY: NUMBER OF UNITS GIVING AWARDS _____ NUMBER OF AWARDS GIVEN _____

*14 CENTS PER MILE EQUALS VALUE OF MILES

DEPARTMENT CHAIR: MAKE 2 COPIES OF THIS COVER SHEET; SEND ONE TO NATIONAL CHAIR PRIOR TO JULY 1 AND FILE ONE WITH DEPARTMENT SECRETARY