



MARINE CORPS LEAGUE AUXILIARY COVER SHEET

Page _____

DEPARTMENT _____ 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 |
|---------------|-------|-----------------|-------|-----------|-------|----------------|-------------|
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| 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

Enclosure #25