MARINE CORPS LEAGUE AUXILIARY
COVER SHEET

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
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
TOTALS	0	0	0	0.00	0	0.00	0.00

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