

**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
<b>TOTALS</b>							

\*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