



**MARINE CORPS LEAGUE AUXILIARY
COVER SHEET**

Page _____

DEPARTMENT _____ DATE _____

REPORT (please check one):

AMERICANISM CHILD WELFARE CIVICS
 REHABILITATION VAVS GIRL SCOUTS

CHAIR _____ EMAIL OR PHONE _____

ADDRESS _____

UNIT NAME	# MBRS	TIMES VOL	HOURS	DONATIONS	MILES	VALUE OF MILES	PINTS OF BLOOD (CIVICS)	TOTAL VALUE
TOTALS								

*CIVICS ONLY: DEPARTMENT TOTAL PINTS OF BLOOD _____

GIRLS 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