



**MARINE CORPS LEAGUE AUXILIARY
DEPARTMENT COVER SHEET**

Page _____

DEPARTMENT _____ DATE _____

REPORT (please check one):

_____ AMERICANISM

_____ CHILD WELFARE

_____ CIVICS

_____ REHABILITATION

_____ CDCE/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 _____

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