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

***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

Rev 8/13