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
								0
								0
								0
								0
								0
								0
								0
								0
								0
TOTALS	0	0	0	0	0	0	0	0

***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