AMERICANISM

2024-2025 Year-End Report

Submit 2 Copies T Your District President by March 31, 2025

Auxiliary Number: \_\_\_\_\_\_\_\_\_\_ District Number: \_\_\_\_\_\_\_\_\_\_\_

1. Did your **Auxiliary** promote, participate, recognize, any patriotic day and/or branch of service birthdays. \_\_\_\_\_

2. Did your **Auxiliary** distribute and/or present American Flags and/or POW/

 MIA Flags. \_\_\_\_\_

3. How many American Flags and/or POW/MIA flags distributed and/or presented

 **Auxiliaries**. \_\_\_\_\_

4. How many Patriotic Appreciation Citations, Certificate of Appreciation or Respect

 for the Flag Citations presented to citizens and/or businesses in recognition of

 their displaying the American Flag, POW/MIA Flag and/or other displays of

 American Pride. \_\_\_\_\_

**Auxiliary President**: (Please Print) **Auxiliary Chairman**: (Please Print)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_