

AUXILIARY EMERGENCY FUND – Year End Report 2015

Date Due May 5, 2015

Return to – Karen Degreenia

3745 Calendar Brook Road

Sutton, VT 05867

UNIT NAME AND NUMBER _____

CHAIRMAN _____

ADDRESS OF SAME _____

1. Did your unit donate to the Emergency Fund? Yes No
2. If a donation was made was the total donation?
3. How were funds raised by the unit?
4. How was the program promoted?
5. Did your unit host a Members Helping Members event?
6. Was an Auxiliary member assisted this past year with unit funds?
7. Was the Department AEF applied for?
8. Have the unit members physically seen an application?
9. Did members have discussions about the program at meetings and or workshops?
10. Did your unit distribute copies of the AEF Frequently Asked Questions to its members?
11. Did any member personally donate \$50 or more? Please list names in order to receive recognition pins.
12. What are your suggestions to make members and potential members aware of this assistance?

*** Please answer the above questions on a separate piece of paper and attach *** Please enclose summary of what your unit did on this program to promote and raise funds. Be sure to include goals set by members in the

unit and if these goals were or were not achieved. This summary should be on a separate piece of paper and sent in with your report. This makes your unit eligible for the CHRIS HOWARD ROTATING AQUILIARY EMERGENCY FUND AWARD. Good luck!