LADIES AUXILIARY OF THE FLEET RESERVE ASSOCIATION

WELFARE/REHABILITATION REPORT

Unit Number_____ Unit Name_____ Region_____

Date Submitted_____ Total Members in Unit _____ Group_____

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1. Are Unit Members involved in providing assistance to widows, orphans, Veterans or needy families, aged or shut-ins? Specify:

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2. Are Unit Members involved in Child Welfare Programs, Relief Projects in cooperation with local or National Agencies, Baskets to the needy at Holidays or other occasions, volunteer church work. Specify:

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WELFARE/REHABILITATION REPORT - Continued

3. List collections (papers, coupons, books, glasses, etc.)

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4. List All Drives Unit, Unit Members, are involved in (Include recognized Organizations such as Heart and Cancer, as well as money or material items for Natural disasters and similar type events, i.e. fire, tornado, hurricane):

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UNIT PRESIDENT	**CHAIRMAN**	**UNIT SECRETARY**

Mail one copy to the Regional President, one copy to the Regional President's Report Chairman, and retain one copy for your Unit Files.

MAIL ALL REPORTS TO REACH THE ABOVE ADDRESSES 15 DAYS PRIOR TO CONVENING OF REGIONAL CONVENTION
ADDITIONAL PAGES MAY BE ATTACHED