

**Department of North Carolina
Cavalcade of Memories
2014 – 2015 End of the Year Report**

Deadline: May 1, 2015

**Return To: Susan Campbell, 114 Bayview Trail, Edenton, NC 27932 by mail or by email
send to: sweetsue1950@embarqmail.com**

Division #: ____ District#: ____ Unit Number & Name: _____

Unit Cavalcade of Memories Chairman: _____

Has your unit mirrored the efforts of the National Headquarters and promoted your unit history this year? YES ____ NO ____

Did your unit previously have a Cavalcade of Memories? YES ____ NO ____

If yes, did you refresh it this year so it was more inviting to people? YES ____ NO ____

If no, did you create a Cavalcade of Memories for your unit? YES ____ NO ____

Did your unit become more visible throughout your community and did you let them know the ALA's history and contributions to the community, state, nation and the world?

YES ____ NO ____

Did your unit make a monetary contribution to the Department Cavalcade of Memories?

YES ____ NO ____ If yes, how much? _____

Did your unit make a donation of any items to the National Cavalcade of Memories?

YES ____ NO ____