

**Legislative**  
**Unit End of Year Report**

**2014 - 2015**

**Evelyn Lewis**  
**3304 Rockford Rd.**  
**Durham, NC 27713**

**Deadline: May 1, 2015**

Unit # \_\_\_\_\_ Division \_\_\_\_\_ District \_\_\_\_\_

Name of Unit Chairman: \_\_\_\_\_

1. Did your unit host town hall events or meet with local, state, or federal officials to advocate for veterans and our military? \_\_\_\_yes \_\_\_\_no. If yes, please describe and tell number of events \_\_\_\_; number of attendees \_\_\_\_; number of volunteers \_\_\_\_; number of officials \_\_\_\_.
2. Did your unit subscribe to e-newsletters from legislators or from The American Legion Legislative Committee? \_\_\_\_yes \_\_\_\_no. If yes, please tell which one \_\_\_\_\_. Number of new subscriptions \_\_\_\_; number of current subscriptions \_\_\_\_.
3. Did you write, call or email legislators to advocate for veterans and our military? \_\_\_\_yes \_\_\_\_no. If yes, the number of contacts \_\_\_\_; the number of responses \_\_\_\_.
4. Did working the mission of the Legislative program engage, retain and attract members to grow membership in your unit? \_\_\_\_yes \_\_\_\_no. Number of new \_\_\_\_; number of rejoined \_\_\_\_; number of retained members \_\_\_\_\_. If yes, please consider completing the **Pass It On Membership Mission Award Form**.

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**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 \_\_\_\_