



## AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR AUXILIARY PATRIOTIC INSTRUCTOR’S REPORT

*(Send one copy to the Dept. Patriotic Instructor by June 15<sup>th</sup> and retain one copy for Auxiliary records)*

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Auxiliary Name	Number
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Department Name	Date (MM/DD/YYYY)
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1. Number (#) of flags distributed by the Auxiliary: \_\_\_\_\_
2. Number (#) flags flown by Sisters on Memorial Day: \_\_\_\_\_
3. Number (#) of Patriotic Programs given by the Auxiliary: \_\_\_\_\_
4. Number (#) of National Anniversaries observed by the Auxiliary: \_\_\_\_\_
5. Number (#) of occasions Auxiliary and Camp have united for Patriotic Work: \_\_\_\_\_
6. Amount expended for Patriotic Work: \$ \_\_\_\_\_
7. Amount of Cash or Monetary Donations for the Patriotic Instructor’s Fund: \$ \_\_\_\_\_

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*Special Mention:*

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Auxiliary Patriotic Instructor Signature