



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 15th and retain one copy for Auxiliary records)

Auxiliary Name

Number

Department Name

Date (MM/DD/YYYY)

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: \$ _____

Special Mention:

Auxiliary Patriotic Instructor Signature