American Legion Auxiliary

2025-2026 Impact Narrative Report

Department of North Dakota

Name of Person Writing this 2025-2026 Narration Impact Report.

First Name: _____ **Last Name:** _____

Email: _____

Phone number: _____

Unit Name and Number: _____**District:** _____

Address: _____

City: _____**State:** _____ **Zip Code:** _____

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Unit Presidents - Use additional note paper as needed. Send completed Report to your District President and the appropriate Department Chairman

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