

## AUXILIARY OF THE FRA

## WELFARE/REHABILITATION REPORT

Unit Number \_\_\_\_\_ Unit Name \_\_\_\_\_ Region \_\_\_\_\_

Date Submitted \_\_\_\_\_ Total Members in Unit \_\_\_\_\_ Group \_\_\_\_\_

1. Are Unit Members involved in providing assistance to widows, orphans, Veterans or needy families, aged or shut-ins? Specify:

2. Are Unit Members involved in Child Welfare Programs, Relief Projects in cooperation with local or National Agencies, Baskets to the needy at Holidays or other occasions, volunteer church work. Specify:

## **WELFARE/REHABILITATION REPORT - Continued**

3. List collections (papers, coupons, books, glasses, etc.)

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4. List All Drives Unit, Unit Members, are involved in (Include recognized Organizations such as Heart and Cancer, as well as money or material items for Natural disasters and similar type events, i.e. fire, tornado, hurricane):

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UNIT PRESIDENT SIGN

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UNIT CHAIRMAN SIGN

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UNIT SECRETARY SIGN

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UNIT PRESIDENT EMAIL

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UNIT CHAIRMAN EMAIL

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UNIT SECRETARY EMAIL

**Mail one copy to the Regional President, one copy to the Regional President's Report Chairman, and retain one copy for your Unit Files.**

**MAIL ALL REPORTS TO REACH THE REGIONAL PRESIDENT 15 DAYS**  
**PRIOR TO CONVENING OF REGIONAL CONVENTION**  
**ADDITIONAL PAGES MAY BE ATTACHED**