



AUXILIARY EMERGENCY FUND

2023-2024

COUNTY REPORTING FORM

County reports are sent to the Department AEF Chairman. Retain a copy for yourself.

County Name: _____

of Units in County: _____

Name of person reporting:

Address: _____

Email address: _____ **Daytime phone:** _____

Total Memorial Contributions: \$ _____ **How Many:** _____

Total of In Honor Contributions: \$ _____ **How Many:** _____

Total of Unit Contributions: \$ _____ **How Many:** _____

Grands total of all Contributions: \$ _____

Number of AEF applications submitted: _____

Make all checks payable to: ALA Dept. of NJ (memo AEF). Mail to County Treasurer who sends to Department.

Please describe your fund-raising activities below. Use the back if you need more space.
