American Legion Auxiliary, Dept. of Washington Evaluation Sheet – VA & R

Enclose 1 copy with articles and keep 1 copy for your Unit files.
If you have a lot of articles, please use another sheet and number them (i.e. Page 1 of 2).
Be sure to use the Valuation Guide when preparing this form.

TO:_____Date:_____
(Name of Hospital or Organization)

_____
ALA Gift Shop or Hospital Rep. OR Name of individual at Hospital or organization Unit is assisting)

FROM:_____Unit#_____District #_____
(Unit Name)
Unit's Mailing Address: _____

Unit VA & R Chairman _____Phone #_____

Member transporting_____Phone #_____

Number of Articles	Description of Articles	Evaluation
	Total	