American Legion Auxiliary, Department of Washington

Evaluation Sheet – **Children & Youth**

Enclose 1 copy with items and keep 1 copy for your Unit files.

TO:_____Date:_____

(Name of individual at Hospital or organization unit is assisting)

_____

(Name of Hospital or Organization)

FROM:_____Unit#_____District #_____

(Unit Name)

Unit's Mailing Address: _____

Unit Children & Youth Chairman or member transporting_____

Number of Articles	Description of Articles	Evaluation