



**AMERICAN LEGION AUXILIARY**  
*enhancing the lives of our veterans, military, and their families*

**DONATION FORM**

Please support the National American Legion Auxiliary as indicated below:

Unit/Individual's Name and Address \_\_\_\_\_

Unit # \_\_\_\_\_

Department \_\_\_\_\_

**American Legion Auxiliary** (make check payable to American Legion Auxiliary, National)

\$ \_\_\_\_\_ **ALA National Scholarship Fund** (*check appropriate type*)  
\_\_\_\_ Children of Warriors National Presidents' Scholarship Fund  
\_\_\_\_ Spirit of Youth Scholarship Fund  
\_\_\_\_ ALA Scholarship Fund with greatest need

\$ \_\_\_\_\_ **Auxiliary Emergency Fund**

\$ \_\_\_\_\_ **TOTAL DONATION to the American Legion Auxiliary**

**American Legion Auxiliary Foundation** (make check payable to American Legion Auxiliary Foundation)

\$ \_\_\_\_\_ **American Legion Auxiliary Foundation ALA Mission Endowment Fund**  
\$ \_\_\_\_\_ **Veteran Projects Fund** (*check one*)  
\_\_\_\_ Veteran / Military family projects and ALA Plan of Action mission outreach projects  
\_\_\_\_ National / Local Veterans Creative Arts Festival(s)

\$ \_\_\_\_\_ **TOTAL DONATION to the American Legion Auxiliary Foundation**

Donation will be paid by \_\_\_\_\_ check or \_\_\_\_\_ credit card:

Card type: \_\_\_\_ MasterCard \_\_\_\_ Visa Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Card number \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If donation is given in memory or honor of, please complete the following:  
Donation in memory / honor of (*circle one*) Name: \_\_\_\_\_  
Address of Honoree or family to whom notification of your donation will be sent – the amount is not disclosed:  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mail Donations to:**  
American Legion Auxiliary National Headquarters  
ATTN: Development  
8945 N. Meridian St.  
Indianapolis, IN 46260  
317-569-4500

**For ALA NHQ Office Use Only:**  
Date Rec'd \_\_\_\_\_  
Check# \_\_\_\_\_  
Credit Card \_\_\_\_\_

**Please keep a copy of this form for your unit records, and forward a copy to your department.  
Thank you for your generosity!**