



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!**