American Legion Auxiliary

A Community of Volunteers Serving Veterans, Military, and their Families

Donation Form

*(THIS **DOES NOT** INCLUDE GAMBLING FUND DONATIONS)*

Unit #:	District #:	Location:	Date:
Submitted By:			
Phone #:		Email Address:	

Auxiliary Programs	Amount
$5.00 Bill Shower *Poppy funds allowed*	
ALA Hospital Program *Poppy funds allowed*	
Department President Project *Poppy funds allowed*	
Department Junior Project	
Department Scholarship Fund	
Fisher House *Poppy funds allowed*	
Gift Shop *Poppy funds allowed*	
Girls State Support	
Past President's Parley Healthcare Scholarship Fund	
DO NOT WRITE IN THIS ROW — LEAVE BLANK	
Auxiliary Total	$

Affiliated Programs	Amount
American Legion Auxiliary Foundation	
Auxiliary Emergency Fund - AEF	
Armed Forces Service Center *Poppy funds allowed*	
American Legion Family Hospital Association	
American Legion Veterans & Children's Foundation	
Brain Science Foundation	
Child Welfare Foundation	
Legionville - General Fund	
Minnesota's - Fund 85 *Poppy funds allowed*	
Temporary Financial Assistance - TFA *Poppy funds allowed*	
Affiliated Total	$

Make Checks payable to:

MNALA

Please send all donations to:

American Legion Auxiliary, Dept of MN
20 W 12th Street, Room 314
St. Paul, MN 55155

Grand Total	$
Donation Check #	

OPTIONAL - TRIBUTE DONATION

Complete this section if your donation is being made in someone's memory or honor.

This donation is:	☐ In memory of	☐ In honor of
Honoree's name		

NOTIFICATION RECIPIENT	
Name	
Address	
City, State & ZIP	
Email	

We appreciate your generosity in honoring our veterans!