







American Legion Auxiliary




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

2026 Memorial Donation Form

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

****Please DO NOT cross off names or submit donations for programs not listed.**
Any donations to other programs should be mailed directly to the respective organization. **

Auxiliary Programs	Donation Amount
 \$5.00 Bill Shower (POPPY FUNDS ALLOWED)	
 ALA Hospital & Veterans Rehab (POPPY FUNDS ALLOWED)	
 Dept. President Project - <i>Honor Flight</i> (POPPY FUNDS ALLOWED)	
Dept. Junior Project - <i>Legionville Repairs</i>	
Department Scholarship Fund	
 Gift Shop (POPPY FUNDS ALLOWED)	
Girls State Support	
Past President's Parley Healthcare Scholarship Fund	
Auxiliary Total	\$

Affiliated Programs	Donation 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 Well-Being Foundation	
Fisher House	
Legionville	
 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

Donation Grand Total Amount	\$
Donation Check #	

The attached donation is in:
<input type="checkbox"/> Memory of <input type="checkbox"/> Honor of

Name

Send notification of donation to:
<input type="checkbox"/> Mail <input type="checkbox"/> Email

Name: _____ Email Address: _____
Address: _____
City & State: _____
Zip code: _____

We appreciate your generosity in honoring our veterans!