



AMERICAN LEGION AUXILIARY

AUXILIARY EMERGENCY FUND
Contribution Form

PERSONAL INFORMATION

Please Type or Print

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Member ID#: _____ Department of: _____

PAYMENT INFORMATION

Payment Type:

Check Check Number: _____ Donation Amount: _____

*Make check payable to: American Legion Auxiliary, National
And indicate "AEF" in check memo*

Credit Card Type: _____ Name on Card: _____

MasterCard or Visa ONLY

CREDIT CARD NUMBER: _____ EXP. DATE: _____

SIGNATURE: _____ DONATION AMOUNT: _____

SEND THIS FORM TO:

American Legion Auxiliary
National Headquarters
ATTN: Development
8945 N. Meridian St.
Suite 200
Indianapolis, IN 46260
Fax: (317)-569-4502

QUESTIONS:

(317) 569-4564 – Ask for Amanda Ginter
Or email: acf@alaforveterans.org