## 2024-2025 Request for Department President's Visit

Please complete all information and return to:

\*\*American Legion Auxiliary - Department of Minnesota\*\*

State Veterans Service Building - 20 West 12th Street #314 - St. Paul, MN 55155

Email: christie@mnala.org Fax: (651) 224-524l

Unit Name and Number				Unit Secretary		
		1st Choic	ce			
Name of Event						
Date of Event	Time of Event: Social		al	Lunc	Lunch/Dinner	
			Mee	eting		
Event Location						
Complete Address of Event	-					
Contact Name & Phone Nur	mber					
Contact Email Address		<u>-</u>				
Indicate all who will be in at	ttendance:					
Auxiliary	Legion	Juniors	SAL		Public	
Estimated in Attendance		Is a guest allowed?				
Expectations of President	Bring brief greetings			Main speaker		
	Other (explain	n)				
		2nd Choi	ce			
Name of Event						
Date of Event		Time of Event: Social		Lunch/Dinner		
Event Location						
Complete Address of Event						
Contact Name & Phone Nur	mber					
Contact Email Address						
Indicate all who will be in a	tte Auxiliary	Legion	SAL	Juniors	Public	
Estimated in Attendance		Is a guest allowed?				
Expectations of President	Bring brief gr	eetings	<u> </u>	Main speaker		
	Other (explain	n)				

President Judy Ackerman would love to visit and participate in your unit events - it doesn't matter what they are. Don't hesitate to request her to attend one of your activities, programs or unit meetings.