



American Legion Auxiliary

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

2024-25 Memorial Donation Form

Unit #:	District #:	Location:	
Submitted By:			Date:
Phone #:		Email Address:	
Auxiliary Programs			
\$5 Bill Shower (POPPY FUNDS ALLOWED)			
ALA Hospital includes Veterans Rehabilitation (POPPY FUNDS ALLOWED)			
Gift Shop (POPPY FUNDS ALLOWED)			
Girls State Support			
Department Junior President's Project			
Department President's Project (POPPY FUNDS ALLOWED)			
Department Scholarship Fund			
Past President's Parley Healthcare Scholarship Fund			
Total Auxiliary Program Donations			\$ -
Affiliated Programs			
American Legion Auxiliary Foundation			
Auxiliary Emergency Fund			
Armed Forces Service Center (POPPY FUNDS ALLOWED)			
American Legion Family Hospital Association			
Child Welfare Foundation			
Brain Science Foundation			
Legionville			
Fisher House			
TFA (Temporary Financial Assistance) (POPPY FUNDS ALLOWED)			
American Legion Veterans & Childrens Foundation			
Minnesota's - Fund 85 (POPPY FUND ALLOWED)			
Total Affiliated Program Donations			\$ -
Donation Check #:		<input type="text"/>	Grand Total Donation
			\$ -

The programs listed above are those that have been approved for solicitation for the 2024-2025 year. Please NO NOT cross off names and submit other programs. When making your Unit's donations, please consider the programs of the American Legion Auxiliary first (they are in bold print). If your unit chooses to donate to other programs that are not listed on this sheet, please do so by mailing the donation directly to the entity.

1. Make checks payable to the **American Legion Auxiliary**
2. Mail the donation paperwork to the following:
American Legion Auxiliary - Department of Minnesota
20 W. 12th St. Suite 314
St. Paul, MN 55155
3. Donation checks MAY NOT include any other payment. DONATION PAYMENT ONLY!
4. Charitable gambling donations must be submitted with the CHARITABLE GAMBLING DONATION FORM & THE CHECK MUST BE MADE OUT TO THE PROPER ENTITY INDICATED ON THAT FORM.

Donation in Memory of:

Please send notification of donation to:
(Include Mailing Address)

Name		
Address		
City	State	Zip Code