



AMERICAN LEGION AUXILIARY
Department of Ohio, Inc.
(740) 452-8245

2016-2017 DONATION DESIGNATION FORM

Dist #/Unit # _____/_____

*The following donations may be included in one (1) check. Please specify the amount credited to each program.
A copy of this form should be kept for your records. Your canceled check will be your receipt.*

AMERICANISM

\$ _____ Americanism/Government Test Trip (Department)
 \$ _____ Spirit of Youth (National)

AUXILIARY EMERGENCY FUND

\$ _____ AEF – Financial Emergency Assistance for ALA Members

***BUCKEYE GIRLS STATE**

\$ _____ Buckeye Girls State Donation (for general operations NOT the Endowment Fund Scholarships)

CHAPLAIN

\$ _____ Chapel of Four Chaplains

CHILDREN AND YOUTH

\$ _____ Children and Youth Fund (Department)
 \$ _____ The American Legion Child Welfare Foundation (National)

COMMUNITY SERVICE

\$ _____ Ohio Community Service Disaster Fund (Department)

***DEPARTMENT HEADQUARTERS**

\$ _____ Capital Improvement Fund (Department Headquarters Building)
 \$ _____ National Candidates Fund (Department)

DEPARTMENT PRESIDENT'S SPECIAL PROJECT

\$ _____ "SOS, Serving Our Soldiers" for the Military Family Assistance Fund **

EDUCATION

\$ _____ Scholarships (Department)

NATIONAL HEADQUARTERS

\$ _____ ALA Foundation
 \$ _____ National President's Special Project

NATIONAL SECURITY

\$ _____ U.S.O. **
 \$ _____ Military Family Assistance Fund ** (Ohio Veterans Only)

PAST PRESIDENTS PARLEY

\$ _____ PPP Nurses Scholarship (Department)
 \$ _____ Support for Women Veterans (Department) **

VETERANS AFFAIRS AND REHABILITATION ** (Poppy Funds May be used for those items listed below)

\$ _____ Chillicothe VA \$ _____ Cincinnati VA \$ _____ Cleveland VA
 \$ _____ Dayton VA \$ _____ Ohio Veterans Home
 VA Outpatient Clinics – \$ _____ Akron \$ _____ Columbus \$ _____ Parma
 \$ _____ Toledo \$ _____ Youngstown
 \$ _____ Fisher Houses – Ohio \$ _____ Veterans Creative Arts Festival (Nat'l.)
 \$ _____ Marie Moore Fund (Department-Donations for purchase of items for Veterans in VA Hospitals)

**** Indicates programs where Poppy Funds may be used**
Only VA Birthday Party contributions are to be sent directly to your District President

\$ _____ **TOTAL AMOUNT ENCLOSED** CHECK # _____ DATE _____/_____/_____

Please enclose a separate check made payable to "American Legion Auxiliary Dept. of Ohio" and send to:

AMERICAN LEGION AUXILIARY, DEPARTMENT OF OHIO, PO BOX 2760, ZANESVILLE, OH 43702-2760