

AMERICAN LEGION AUXILIARY

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

2018-2019 DONATION DESIGNATION FORM

<u>The following donations must be included on a separate check.</u> Please specify the amount credited to each program.

A copy of this form should be kept for your records. Below Indicate where you would like your donation acknowledgement sent.

AMERICANISM							
\$	Americanism/Government Test Trip (Department)						
\$ Spirit of Youth (National) AUXILIARY EMERGENCY FUND							
		l Emergency Assis	tance for AI A Me	embers			
*BUCKEYE GIRLS STA		i Emergency Assis	tance for ALA Wi	emocrs			
		State Donation (for	general operation	s NOT the Endo	wment Fund Schol	arships)	
CHILDREN AND YOUT		()	<i>G</i>	- <u> </u>		1 47	
\$	_ Children and Youth Fund (Department)						
\$	_ The American I	Legion Child Welfa	re Foundation (Na	ational)			
COMMUNITY SERVICE							
		ty Service Disaster	Fund (Departmen	nt)			
*DEPARTMENT HEAD	QUARTERS						
\$	Capital Improvement Fund (Department Headquarters Building) National Candidates Fund (Department)						
	_	` 1	ment)				
DEPAKIMENI PKESIL	**EPARTMENT PRESIDENT'S SPECIAL PROJECT \$ Department Scholarship Funds, Americanism and Government Test Trip, & Female Veteran						
Ψ	Scholarship Fund** (please specify here)						
EDUCATION	_					/	
\$	_ Scholarships (D	epartment)					
NATIONAL HEADQUARTERS							
\$	ALA Foundation National President's Special Project- Homeless Women Veterans						
		ent's Special Projec	ct- Homeless Wor	nen Veterans			
NATIONAL SECURITY							
\$ \$	0.5.0. · · · Military Family Assistance Fund ** (Ohio Veterans Only)						
PAST PRESIDENTS PARLEY							
		olarship (Departme	ent)				
\$	_Support for Wo	olarship (Departmomen Veterans (Dep	partment) **				
VETERANS AFFAIRS AND REHABILITATION ** (Poppy Funds May be used for those items listed below)							
		\$			Cleveland VA		
\$	_ Dayton VA	\$	_Ohio Veterans H	Iome			
VA Outpatient C	linics – \$	Akron	\$	_ Columbus	\$	_ Parma	
	\$	Toledo	\$	_Youngstown			
\$	_ Fisher Houses -	- Ohio	\$	_ Veterans Creat	ive Arts Festival (N	lat'l.)	
\$					Veterans in VA Ho		
** Indicates programs where Poppy Funds may be used							
	A Birthday Party	contributions are t	o be sent directly	to your District			
\$ TOTAL AMO	OUNT ENCLOSE	ED 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							
Acknowledgement will be sent to the following:							
Name			Unit		District_		
Address							