

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

2017-2018 DONATION DESIGNATION FORM

Dist #/Unit # ____/___

<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. Your canceled check will be your receipt.

AMERICANISM							
\$	Americanism/Government Test Trip (Department)						
	Spirit of Youth (National)						
AUXILIARY EMERGE		1 5			r 1		
	AEF – Financi	al Emerge	ency Assis	tance for ALA M	lembers		
*BUCKEYE GIRLS ST				1		(F 1	0 1 1 1 · · ·
	Buckeye Girls	State Don	ation (for	general operation	ns NOT the End	owment Fund	Scholarships)
CHILDREN AND YOU		7	1 (D)				
\$	Children and Youth Fund (Department) The American Legion Child Welfare Foundation (National)						
		Legion			(allollal)		
COMMUNITY SERVIC	Ohio Commun	ity Sorvio	a Disastar	Fund (Departme	nt)		
		itty Servic	e Disastei	Fund (Departine	iii)		
*DEPARTMENT HEA	DQUARTERS <u>Capital Improv</u>	iement Fii	nd (Denar	tment Headquart	ers Building)		
\$	National Cand	idates Fun	d (Depart	ment)	cis building)		
DEPARTMENT PRES			` 1				
	"Making Our V			ome True" for the	Military Family	v Assistance Fi	und **
EDUCATION					,	,	
	Scholarships (I	Departmei	nt)				
NATIONAL HEADQU		1	,				
		on					
\$	ALA Foundati National Presid	dent's Spe	cial Proje	ct			
NATIONAL SECURIT	'Y						
\$	U.S.O. **						
\$	U.S.O. ** Military Family Assistance Fund ** (Ohio Veterans Only)						
PAST PRESIDENTS P.	ARLEY						
\$	PPP Nurses Sc	holarship	(Departm	ent)			
\$	Support for W	omen Vete	erans (Dep	oartment) **			
VETERANS AFFAIRS	AND REHABIL	ITATION	** (Popp	y Funds May be	used for those is	tems listed bel	ow)
\$	Chillicothe VA	\\$		Cincinnati VA	\$	<u> </u>	VA
	Dayton VA						
VA Outpatient	Clinics – \$		Akron	\$	Columbus	\$	Parma
	\$		Toledo	\$	Youngstown		
\$	Fisher Houses				-	ative Arts Festi	ival (Nat'l.)
	Marie Moore I						
Ψ		unu (Dep		onutions for pure			(in mospitals)
				e Poppy Funds n			
<u>Only I</u>	VA Birthday Party	<u>, contribu</u>	tions are t	to be sent directly	<u>y to your Distric</u>	<u>t President</u>	
\$ <i>TOTAL AM</i>	<i>IOUNT ENCLOS</i>	ED (CHECK#		DATE	<u> </u>	
<u>Please enclose a s</u>	separate check	made po	ayable to	• "American Leg	ion Auxiliary De	ept. of Ohio" <i>a</i>	and send to:

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