

Address_

AMERICAN LEGION AUXILIARY

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

2021-2022 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/Governr	ment Test Trip (Department)			
\$ Spirit of Youth (National)					
AUXILIARY EMERGENCY FUND					
		gency Assistance for ALA M	lembers		
BUCKEYE GIRLS STATE					
\$ Buckeye Girls State Donation (for general operations NOT the Endowment Fund Scholarships)					
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 Leadership Fund (Department)				
DEPARTMENT PRESIDENT'S SPECIAL PROJECT					
\$Military and Veterans Family Assistance Fund					
EDUCATION					
\$ Scholarships (Department)					
NATIONAL HEADQUARTERS					
\$ ALA Foundation					
\$ National President's Special Project – In Support of Care Givers**					
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)					
VEIEKANS AFFAIKS A	Chillicothe VA \$	Cincinnati VA	usea for those items list	ea below) reland V A	
Ψ	_ Chimeothe VA \$	Ohio Vatarana	φ Cic	verana v A	
		Ohio Veterans I			
VA Outpatient C		Columbus \$	Parma		
	\$				
		\$			
\$ 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					
Acknowledgement will be sent to the following:					
Name		Unit		District	