

AMERICAN LEGION AUXILIARY

Department of Ohio, Inc.

(740) 452-8245

2023-2024 DONATION DESIGNATION FORM

The following donations must be included in a separate check. 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 (Dept)

NATIONAL HEADQUARTERS

\$ _____ National President's Special Project – Spirit of Youth Scholarship (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)

CHILDREN AND YOUTH

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

COMMUNITY SERVICE

\$ _____ Ohio Community Service Disaster Fund (Department)

DEPARTMENT HEADQUARTERS

\$ _____ Capital Improvement Fund (Dept Headquarters Building)
\$ _____ National Leadership Fund (Dept)

EDUCATION

\$ _____ Scholarships (Department)

NATIONAL HEADQUARTERS

\$ _____ ALA Foundation

** (Poppy Funds (Restricted) may be used for those items listed below)*

DEPARTMENT PRESIDENT'S SPECIAL PROJECT

\$ _____ H.O.O.V.E.S.*(Healing of our Veterans Equine Service)

EDUCATION

\$ _____ Women Veterans Scholarship* (Ohio Veterans Only)

NATIONAL SECURITY

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

PAST PRESIDENTS PARLEY

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

VETERANS AFFAIRS AND REHABILITATION\$

\$ _____ Chillicothe VAMC*
\$ _____ Cincinnati VAMC*
\$ _____ Cleveland VAMC*
\$ _____ Dayton VAMC*
\$ _____ Ohio Veterans Home*
\$ _____ Columbus – ACC*
\$ _____ Parma – CBOC*
\$ _____ Toledo – CBOC*
\$ _____ Fisher Houses – Ohio*
\$ _____ Veterans Creative Arts Festival* (Natl)
\$ _____ Marie Moore Fund* - (Dept-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 ____/____/____

Personal Donation

Unit # _____ Donation

Please enclose a 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 _____ **City** _____ **State** _____ **Zip** _____