



AMERICAN LEGION AUXILIARY
AUXILIARY EMERGENCY FUND
Contribution Form

PERSONAL INFORMATION

Please Type or Print

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Member ID#: _____ Department of: _____

PAYMENT INFORMATION

Payment Type:

Check

Check Number: _____ Check Amount: _____

*Make check payable to: National Treasurer, American Legion Auxiliary
and indicate "AEF" in check memo*

Credit Card

Type: _____ Name on Card: _____

MasterCard or Visa ONLY

CREDIT CARD NUMBER: _____ EXP. DATE: _____

SIGNATURE: _____

SEND THIS FORM TO:

American Legion Auxiliary
National Headquarters
ATTN: Development
8945 N. Meridian St.
Indianapolis, IN 46260
Fax: 317-569-4502

QUESTIONS:

(317) 569-4500 -- ask for Kelly Cochran
or email: aef@ALAforVeterans.org