



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: American Legion Auxiliary, National
and indicate "AEF" in check memo*

Credit Card **Type:** _____ **Name on Card:** _____
MasterCard or Visa ONLY

CREDIT CARD NUMBER: _____ **EXP. DATE:** _____

SIGNATURE: _____ **DONATION AMT:** _____

SEND THIS FORM TO:

American Legion Auxiliary
National Headquarters
ATTN: Development
3450 Founders Road
Indianapolis, IN 46268
Fax: (317)-569-4502

QUESTIONS:

(317) 569-4563
or email: aef@alaforveterans.org