

MEMORIAL

IN LOVING MEMORY OF _____

I (WE) _____

Donor Name(s) or Unit Name and Number

Contribute \$ _____

to the American Legion Auxiliary for:

(please indicate the fund you want to contribute to):

_____ Department Memorial Scholarship Fund

_____ PPP/Medical Career Scholarship Fund

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Send Acknowledgement To: _____

Signed _____

Date _____

Mail this form to:

American Legion Auxiliary
Department of Michigan
212 N. Verlinden Ave., Ste B
Lansing, MI 48915