

AMERICAN LEGION AUXILIARY
DEPARTMENT OF FLORIDA
PO BOX 547917
ORLANDO FL 32854-7917

SCHOLARSHIP FUND DONATION FORM

TO BE USED TO HONOR A DECEASED PERSON ONLY

This DONATION to be placed in the MEMORIAL SCHOLARSHIP FUND: _____

This DONATION to be placed in the DEPARTMENT SCHOLARSHIP FUND: _____

IF NO SPECIFIC FUND REQUESTED ABOVE, DONATION WILL BE PLACED IN THE MEMORIAL FUND!

MEMORIAL CARD WILL BE SENT FOR DONATION TO EITHER FUND
IN MEMORY OF:

NEXT OF KIN:

Notification of donation
will be sent here.

(Name) (Relationship)

(Address)

(City) (Zip)

UNIT TO BE CREDITED WITH MEMORIAL CONTRIBUTION:

(IF INDIVIDUAL MEMBER DONATION,
DO NOT FILL OUT THIS SECTION!)

Unit Name/Number: _____

Unit mailing address: _____
(Address) (City) (Zip)

PERSONAL MEMORIAL CONTRIBUTION:

(IF UNIT DONATION, DO NOT FILL IN BELOW!)

Donor's Name _____
(Name)

Donor's Address: _____
(Address)

(City) (Zip)

AMOUNT OF DONATION \$ _____