

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 \$ \_\_\_\_\_