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: (Name) (Relationship)
Notification of donation will be sent here.
(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: ________________________________

Donor’s Address: ________________________________

(City) (Zip)

AMOUNT OF DONATION $___________