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 – Ask for Marti Drake
or email:  aef@alaforveterans.org