



THE AMERICAN LEGION NATIONAL HEADQUARTERS  
**DONATION FORM**

*(Please complete all fields below.)*

Are you a member of The American Legion?  No  Yes – Enter Member ID #   
 Legion Member  SAL Member

Name

Address (Line 1)

Address (Line 2)

City  State  Zip Code

Phone:   Cell  Home  Work

Email:

**Where do you want your donation to go?**

American Legion Charities  Legacy Scholarship Fund

National Emergency Fund  Endowment Fund

Operation Comfort Warriors  Child Welfare Foundation

Soldiers Wish

**Total Donation**

**OPTION #1**  I want to make a one-time donation

**OPTION #2**  I want to make this a recurring donation for the next 12-months. **CREDIT CARD ONLY**

Paying by Check (*enclosed*)  Paying by Credit Card (*see below – MC/VISA/DISCOVER/AMEX*)

Credit Card #:  -  -  -

Exp. Date:   -     3-digit Security Code (on back of card)     
M M Y Y Y Y

Signature Required for Credit Card

**NOTE:** When the recurring donation is processed, a confirmation notice will be sent to the email address entered above.

Mail this form with your check or credit card information to:

**The American Legion, Donation Processing, PO Box 361626, Indianapolis, IN 46236-1626**

Questions? Call 1-800-433-3318