



THE AMERICAN LEGION NATIONAL HEADQUARTERS  
**DONATION FORM**

OLF REV 20171204

(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:

Make Checks Payable to: **American Legion Charities**

Where do you want your donation to go?

Commander's Charity Fund  Legacy Scholarship Fund

American Legion Charities  Endowment Fund

National Emergency Fund  Child Welfare Foundation

Operation Comfort Warriors  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