



PLEASE USE THE FOLLOWING FORM FOR MEMORIALS

Send To: American Legion Auxiliary
112 State St., Suite 1310
Albany, N.Y. 12207

Make Checks Payable To:
American Legion Auxiliary
Department of New York

Contribution \$ _____ In Memory of: _____

Name of Donor: _____

Donor Address: _____

Unit Name, & Number: _____

Address: _____

✂ _____



PLEASE USE THE FOLLOWING FORM TO HONOR A MEMBER

Send To: American Legion Auxiliary
112 State St., Suite 1310
Albany, N.Y. 12207

Make Checks Payable To:
American Legion Auxiliary
Department of New York

Contribution \$ _____ In Honor of: _____

Honoree's Address: _____

Unit Name, & Number: _____

Address: _____

Reason for Honoring member: _____

