

Please complete and return to:

Robert L. Morrill
The American Legion, Department of New York
112 State St., Suite 1300
Albany, NY 12207

PLEASE PRINT CLEARLY

Complete description of gift presented:

On whose behalf was the gift presented: Post _____ Unit _____ Squadron _____

County _____ District # _____ Personal _____

LEGION AUXILIARY SONS OTHER: (Circle One)

Complete name, title, and address of person to whom acknowledgement should be sent:

Give any additional information or special instructions which may be of help in acknowledgement of the gift presented:

If gift is given on behalf of a Post Unit Squadron County or District (Circle One)

Post Number: _____

Commander / President's Name: _____

Commander / President's Address: _____

Thank you for your cooperation.
