

***Auxiliary Emergency Fund
Memorial Contribution***

In Memory of _____

Contribution \$ _____

Donor Name _____

Unit Name & Number _____

Send to Department Office: American Legion Auxiliary, Department of New York
1580 Columbia Turnpike, Bldg.#1,Suite #3
Castleton-on-Hudson, NY 12033

***Auxiliary Emergency Fund
In Honor of Contribution***

In Honor of _____

Contribution \$ _____

Honoree's Name _____

Unit Name & Number _____

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