



AMERICAN LEGION AUXILIARY

**AUXILIARY EMERGENCY FUND**  
**Contribution Form**

**PERSONAL INFORMATION**

*Please Type or Print*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID#: \_\_\_\_\_ Department of: \_\_\_\_\_

**PAYMENT INFORMATION**

**Payment Type:**

Check

**Check Number:** \_\_\_\_\_ **Check Amount:** \_\_\_\_\_

*Make check payable to: American Legion Auxiliary, National  
and indicate "AEF" in check memo*

Credit Card

**Type:** \_\_\_\_\_ **Name on Card:** \_\_\_\_\_

*MasterCard or Visa ONLY*

**CREDIT CARD NUMBER:** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DONATION AMT:** \_\_\_\_\_

**SEND THIS FORM TO:**

American Legion Auxiliary  
National Headquarters  
ATTN: Development  
3450 Founders Road  
Indianapolis, IN 46268  
Fax: (317)-569-4502

**QUESTIONS:**

(317) 569-4563 – Ask for Marti Drake  
or email: [aef@alaforveterans.org](mailto:aef@alaforveterans.org)