

## American Legion Auxiliary Unit 1 in DC

## **Donation Form**

Please print this form a complete the information below to ensure proper preparation of your tax receipt (please print clearly).

Today's Date:					
Donor Information					
Name:					
Address:					
City:					
Phone Number (optional): _					
Email (optional):					
Please sign me up for	the monthly e-	newsletter.			
I prefer to make this gi	ft anonymously	/. (If checked, yo	our name will r	not be listed in publicati	ions.)
Donation Information					
Please accept my donation of	of:				
\$10.00	_ \$25.00	\$50	.00	Other:	
I will make my check o	r money order	payable to: <u>Am</u>	nerican Legic	on Auxiliary Unit 1 in	DC.
Below is my credit card	d information to	use for my do	nation.		
Credit Card Number:					
Expiration Date (mm/yy):		CVV (	(card verifica	tion value):	
Cardholder's Name:					
Signature:				Date:	

Please mail your completed form and check, if applicable, to:

American Legion Auxiliary Unit 1 in DC PO Box 66693 Washington, DC 20035

Questions? Please email treasurer@ALAUnit1inDC.org or call 202.643.2521.