



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: National Treasurer, American Legion Auxiliary
and indicate "AEF" in check memo*

Credit Card

Type: _____ **Name on Card:** _____

MasterCard or Visa ONLY

CREDIT CARD NUMBER: _____ **EXP. DATE:** _____

SIGNATURE: _____

SEND THIS FORM TO:

American Legion Auxiliary
National Headquarters
ATTN: Accounting Services Team – AEF
777 North Meridian Street, 3rd Floor
Indianapolis, IN 46204
Fax: 317-955-3884

QUESTIONS:

(317) 955-3845 -- ask for Maria Potts or a member of the
Accounting Services Team
or email: natltras@legion-aux.org