



AMERICAN LEGION AUXILIARY
 Department of Ohio, Inc.
 (740) 452-8245

2024-2025 DONATION DESIGNATION FORM

The following donations must be included in a separate check. Please specify the amount credited to each program. A copy of this form should be kept for your records. Below Indicate where you would like your donation acknowledgement sent.

AMERICANISM

\$ _____ Americanism/Government Test
 Trip (Dept)

AUXILIARY EMERGENCY FUND

\$ _____ AEF – Financial Emergency
 Assistance for ALA Members (National)

BUCKEYE GIRLS STATE

\$ _____ Buckeye Girls State Donation
 (for general operations **NOT** the
 Endowment Fund Scholarships)

CHILDREN AND YOUTH

\$ _____ Children and Youth Fund (Dept)
 \$ _____ The American Legion Child Welfare
 Foundation (National)

COMMUNITY SERVICE

\$ _____ Ohio Community Service Disaster
 Fund (Department)

DEPARTMENT HEADQUARTERS

\$ _____ Capital Improvement Fund
 (Dept Headquarters Building)
 \$ _____ National Leadership Fund (Dept)

EDUCATION

\$ _____ Scholarships (Department)
 \$ _____ Nurses Scholarships (Dept)
 \$ _____ Spirit of Youth Scholarship (National)

NATIONAL HEADQUARTERS

\$ _____ ALA Foundation

** (Poppy Funds (Restricted) may be used for those items listed below)*

DEPARTMENT PRESIDENT'S SPECIAL PROJECT

\$ _____ Judge Sara J. Harper Village*

NATIONAL HEADQUARTERS

\$ _____ National President's Special Project:
The Veterans Project Fund
 (VPF)* (National)

EDUCATION

\$ _____ Women Veterans Scholarship* (Ohio
 Veterans Only)

NATIONAL SECURITY

\$ _____ U.S.O. *
 \$ _____ Military Family Assistance Fund* (Ohio
 Veterans Only)

VETERANS AFFAIRS AND REHABILITATION

\$ _____ Chillicothe VAMC*
 \$ _____ Cincinnati VAMC*
 \$ _____ Cleveland VAMC*
 \$ _____ Dayton VAMC*
 \$ _____ Ohio Veterans Home*
 \$ _____ Columbus – ACC*
 \$ _____ Parma – CBOC*
 \$ _____ Toledo – CBOC*
 \$ _____ Fisher Houses – Ohio*
 \$ _____ Veterans Creative Arts Festival* (Natl)
 \$ _____ Support for Women Veterans* (Dept)
 \$ _____ Marie Moore Fund* - (Dept-Donations for
 purchase of items for Veterans in VA Hospitals)

** Indicates programs where Poppy Funds may be used*

Only VA Birthday Party contributions are to be sent directly to your District President

\$ _____ **TOTAL AMOUNT ENCLOSED** CHECK # _____ DATE ____/____/____

Personal Donation

Unit # _____ Donation

*Please enclose a check made payable to "American Legion Auxiliary Dept. of Ohio"
 and send to:*

AMERICAN LEGION AUXILIARY, DEPARTMENT OF OHIO, PO BOX 2760, ZANESVILLE, OH 43702-2760

Acknowledgement/Receipt will be sent to the following:

Name _____ Unit _____ District _____

Address _____ City _____ State _____ Zip _____