



The American Legion Department of Minnesota

Donation Form

(Please complete all fields below)

Are you a member of The American Legion? ___ No ___ Yes-Enter Member ID# _____

___ Legion Member ___ SAL Member

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell ___ Home ___ Work

Email: _____

Please make Checks Payable to: **Minnesota American Legion Foundation**

Where do you want your donation to go? *(Please put the fund number in the memo line)*

___ Fund for Hospitalized Veterans {Fund 53} ___ R.O.T.C. Scholarship Fund {Fund 63}

___ Pheasant Dinner Fund {Fund 65} ___ American Legion Memorial {Fund 76}

___ Veteran Assistance Fund {Fund 85} ___ Rehab Veterans Outdoors {Fund 86}

Special Instructions: _____

Total Donation: \$ _____

Option #1 ___ I want to make a one-time donation

Option #2 ___ I want to make a recurring donation for the next 12-months. **(Credit Card Only)**

Credit Card #: _____ - _____ - _____ - _____

Exp. Date:

____ - ____ 3-Digit Security Code **(on back of Card)**: _____

M M Y Y Y Y

Signature Required for credit card: _____

Note: When the recurring donation is processed a confirmation email will be sent to address provided above.

Mail this form with your check or credit card information to:

**The American Legion Department of Minnesota
20 W 12th St Room 300-A, St Paul MN 55155-2000**

Questions Call: 651.291.1800