



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: Development  
8945 N. Meridian St.  
Indianapolis, IN 46260  
Fax: 317-569-4502

**QUESTIONS:**

(317) 569-4500 – ask for Kelly Cochran  
or email: [aef@ALAFforVeterans.org](mailto:aef@ALAFforVeterans.org)