AMERICAN LEGION | National Headquarters

Donation Form

Mail This Form and Donation to: The American Legion, Donation Processing, PO Box 1954, Indianapolis, IN 46206

DONATION INFORMATION

Donation Amount

☐ $25 ☐ $50 ☐ $100

☐ Other $ _____

Donation Frequency

Would you like your donation to be a monthly gift to support veterans?

☐ **YES!** Please make this a **recurring monthly donation**.

☐ **No**, this is a **one-time gift**.

Where do you want your donation to go? ☐ American Legion Charities ☐ Other (please specify):

YOUR INFORMATION

(Is this donation being made by a company?) Company Name:

Are you a member of The American Legion? ☐ Yes ☐ No Member ID #

First Name Last Name

Address

City State ZIP Code

Country Phone Number

Email

PAYMENT INFORMATION

☐ My **check is enclosed** and made out to American Legion Charities. ☐ Please charge my **credit card**.

Card Type ☐ Discover ☐ MasterCard ☐ Visa

Cardholder Name

Card Number

Expiration Date (Month/Year) 3-digit Security Code (on back of card)

Cardholder Signature

BILLING ADDRESS (Fill out if the billing address is different from the your information above.)

Address

City State ZIP Code

GIFTS IN HONOR OR IN MEMORY OF AN INDIVIDUAL *(Note: The American Legion does not disclose the donation amount.)*

Gift Type (choose one): ☐ In honor of ☐ In memory of

Honoree's First Name Last Name

Send Acknowledgment of my gift to (First / Last Name)

Address

City State ZIP Code

NOTE: When the recurring donation is processed, a confirmation notice will be sent to the email address entered above

Questions? Call 1-800-433-3318