AUXILIARY DONATION FORM

To be submitted with check to the Department Treasurer, Kelli Koellner, 1830 Heritage Rd, Burlington, WI 53105 (414-716-9191, please call with questions). All checks **MUST** be made payable to: **AMVETS Ladies Auxiliary Department of WI.**

DONATIONS TO STATE FUNDS:

_____ Hospital _____ Freedoms Foundation for Youth

_____ Scholarship _____ Dept. President's Fund

_____ Americanism _____ Equipment Fund

_____ Memorial Fund _____ Nat'l Officer's Fundraiser Fund

_____ Other (please specify)_____

Total to State Funds: $_____

DONATIONS TO NATIONAL FUNDS:

_____ John Tracy Clinic _____ National Scholarship

_____ PWAC (Paws With A Cause) Freedoms Foundation

_____ James Parke Scholarship _____ St. Jude's Hospital

_____ National Presidents' Project

_____ Other (please specify)_____

Total to National Funds: $_____

Total amount submitted: $_____

Auxiliary: _____

Check # _____ Dated: _____

Revised 2012
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