



The American Legion National Headquarters
DONATION FORM



(Please complete all fields below.)

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

Name

Address (Line 1)

Address (Line 2)

City State Zip Code

Phone: Cell Home Work

Email:

Where do you want your donation to go?

American Legion Charities Other – please specify

OPTION #1 I want to make a one-time donation in the amount of \$

Paying by Check (*enclosed*)

Paying by Credit Card (*see below – MC/VISA/DISCOVER*)

Credit Card #: - - -

Exp. Date: - 3-digit Security Code (on back of card)
MM *YYYY*

Signature Required for Credit Card

OPTION #2 I want to set-up a recurring donation on my credit card noted above.

Donation Amount \$ Monthly Annually Every 6 months Qtrly

Length of Donation Term: or (*How long do you want the recurring donation to last?*)
of months # of years

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

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

The American Legion, Donation Processing, PO Box 1954, Indianapolis, IN 46206

Questions? Call 1-800-433-3318