



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