



THE AMERICAN LEGION
DEPARTMENT OF PENNSYLVANIA

Donation Form

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Donor Name: _____

Address: _____

City, State, Zip: _____

Post No.: _____ District No.: _____

Donation to: _____

Comments: _____

AMOUNT: \$ _____

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Comments: _____

Dept. Commander's Use

Date Rec'd.: _____ Date Thank You Sent: _____

Comments: _____