

# *Do you know a Veteran who needs help?*

PENNSYLVANIA DEPARTMENT OF THE AMERICAN LEGION  
Veteran Assistance Referral Form

The Veteran Assistance Referral Form is used by American Legion Members, Political Representatives and anyone else to seek help and assistance from a Department Service Officer. If you know a veteran or family member who needs assistance or may have questions pertaining to eligibility for veterans benefits, simply fax or mail this form to the Department Headquarters and we will do the rest. Neither the Referrer or Referee has to be members of The American Legion to receive assistance from our Department.

Your Name:	Telephone Number:	Date:	
Person whom we should contact:			
Street address of person we should contact:		County:	
City:	State:	Zip Code:	Telephone Number:
Best time to contact:		Email:	
If the person does not have a telephone number, what other means may we use to contact:			
What assistance does this person need?			
Mail form to: The American Legion Department of Pennsylvania PO Box 2324 Harrisburg, PA 17105		Toll Free: (877) 720-8387 Fax: (717) 763-1648	