



AMERICAN LEGION AUXILIARY DEPARTMENT OF ARKANSAS

1415 WEST 7TH STREET
LITTLE ROCK, AR 72201

MEMORIALS

In Memory Of:

_____ **Full Name**

Please check (✓): Senior Member ___ Junior Member ___ Gold Star Mother ___

Send Acknowledgement:

_____ **Name**

_____ **Mailing Address**

_____ **City, State, Zip Code**

Given By:

_____ **Full Name (or Name of Unit)**

_____ **Mailing Address**

_____ **City, State, Zip Code**

(Please indicate your preference of the following for your Memorial donation)

- Ark. Girls State Memorial Fund \$ _____
- Scholarship Memorial Fund \$ _____
- VA (Rehab) Memorial Fund \$ _____
- Auxiliary Emergency Fund \$ _____
- Ark. Child Welfare \$ _____
- Ark. Veteran's Homes: Fayetteville \$ _____
- Little Rock \$ _____
- ALA Building Fund \$ _____
- Other _____ \$ _____



***This Form may be duplicated.
Please, print it off, fill it out and mail it
with your donation to Department Headquarters.***

