



**AMERICAN LEGION  
AUXILIARY**

Department of California  
401 Van Ness Avenue, Room 113  
San Francisco, California 94102-4586  
(415) 861-5092 FAX (415) 861-8365  
Email: [calegionaux@calegionaux.org](mailto:calegionaux@calegionaux.org)  
Web Site: [www.calegionaux.org](http://www.calegionaux.org)

**In Loving Tribute  
Fund**

Promoted by Chaplains

Several years ago the Department Executive Board established the In Loving Tribute Fund. This program will give Units, Districts, and individual members, their families, and friends an opportunity to contribute to our organization on occasions when they wish to share their *thinking of you* feelings either in joy or sorrow.

Handsome cards have been printed which will be sent to the person you designate. There are three categories:

- |                   |   |
|-------------------|---|
| Special Occasions | Birthday, Anniversary, Retirement, etc.   |
| Get Well          | A special way to say - <i>We are thinking of you while you are ill</i>                |
| Memorial          | To honor those who have passed away and to let the family know you share their sorrow |

The *In Loving Tribute Fund* is promoted by Chaplains and is considered a fund raiser for the General Fund. As such, donations may not be restricted to any other program. Donations valuing less than \$2.00 become an expense to the Department of California.

The amount of your gift is confidential and your individual gift is tax deductible. A card will be sent to the person you indicate and a receipt will be sent to you promptly by the Department Office.

On your next occasion please think of this program to share joy or sorrow with a friend. You may use the form below or send all the necessary information to the Department Office in letter form.

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Make checks payable to ALA, Department of California; on the memo line write - In Loving Tribute Fund. Mail to the address above. Print carefully so mistakes will not occur when making out cards to loved ones.

R E Q U I R E D	<b>AMOUNT \$</b> _____	<b>Donor Name</b> _____ Or _____
	<b>Unit #</b> _____	<b>Unit Name</b> _____
	<b>District #</b> _____	<b>Address</b> _____
		<b>City/State/Zip</b> _____

My gift to the *In Loving Tribute Fund* is:

- In Memory of** \_\_\_\_\_
- Get Well Wish For** \_\_\_\_\_
- Special Occasion** \_\_\_\_\_

Send Card to: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Sign Card \_\_\_\_\_  
If no signature requested, Unit name and number will be used