



**AMERICAN LEGION AUXILIARY**

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

***WELFARE FUND DONATION TRANSMITTAL***

*Remit this transmittal form with your check to assure proper accounting.  
Include Unit & District numbers on all checks.*

**Make checks payable to ALA Department of California**

*Mail to the Department Office*

UNIT NAME \_\_\_\_\_ UNIT # \_\_\_\_\_ DISTRICT # \_\_\_\_\_

ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

WELFARE FUND DONATIONS	Ck #	Ck Date	\$ Amount to Program
★Children & Youth			
★Education			
★Past Presidents' Parley Nurse's Scholarship			
★Gift Shop/Patient Remembrance			
★Veterans Affairs & Rehabilitation			

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*Make copies as needed*