

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF KANSAS
KANSAS UNIT DISASTER FUND
CONTRIBUTION FORM**

Unit Name/#: _____

First Name: _____ Last Name: _____

Address: _____

Phone Number: (____) _____

E-mail Address: _____

PAYMENT INFORMATION:

Check #: _____ Check Amount: \$ _____

Please make all checks payable to: Kansas Unit Disaster Fund

Please mail this form and your check to:

American Legion Auxiliary
Department of Kansas
1314-B SW Topeka Blvd.
Topeka, Kansas 66612