American Legion Auxiliary, Department of Kansas

Kansas Unit Disaster Fund Application

Name	American Legion Aux	liary Unit Name		
Contact for Unit: Name				
Name	Unit Mailing Address			
Phone	Contact for Unit:			
Type of Natural Disaster Date of Disaster Description of Damage Needs of the Unit May attach pictures of damage Send or scan to: Department of Kansas	Name			
Type of Natural Disaster Date of Disaster Description of Damage Needs of the Unit May attach pictures of damage Send or scan to: Department of Kansas	Phone			·
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Description of Damage Needs of the Unit May attach pictures of damage Send or scan to: Department of Kansas	Type of Natural Disas	ter		
May attach pictures of damage Send or scan to: Department of Kansas	Date of Disaster			
May attach pictures of damage Send or scan to: Department of Kansas	Description of Damag	e		
May attach pictures of damage Send or scan to: Department of Kansas	Needs of the Unit			
American Legion Auxiliary 1314 B SW Topeka Blvd. Topeka, Kansas 66612 departmentoffice@kslegionaux.org 785-232-1396 Review by: Approved / Denied Date Date				
Date	Send or scan to:	American Legion Auxiliary 1314 B SW Topeka Blvd. Topeka, Kansas 66612 departmentoffice@kslegiona	ux.org	
Amount anoweu	Review by:		Date	
Check # Mailed				