

American Legion Auxiliary, Department of Kansas

Kansas Unit Disaster Fund Application

American Legion Auxiliary Unit Name _____

Unit Number _____ Unit Location _____

Unit Mailing Address _____

Contact for Unit:

Name _____

Phone _____

Email address _____

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
American Legion Auxiliary
1314 B SW Topeka Blvd.
Topeka, Kansas 66612
departmentoffice@kslegionaux.org
785-232-1396

Review by: _____

Approved / Denied

Date _____

Amount allowed _____

Check # _____ Mailed _____