



**AMVETS LADIES AUXILIARY**  
**DEPARTMENT OF FL**  
**Jerri Devoll, Executive Secretary**  
**217 Ladue Ave**  
**Crestview, FL 32539-7342**  
**Phone: 850-306-3258**

**DESIGNATION OF DONATION**

DATE \_\_\_\_\_

AMOUNT ENCLOSED \$ \_\_\_\_\_ AUXILIARY # \_\_\_\_\_

DESIGNATED TO THE FOLLOWING FUND: (CHECK WHICH PROGRAM FUNDS GO TO)

DEPARTMENT PRESIDENT'S PROJECT \_\_\_\_\_

DEPARTMENT SCHOLARSHIP \_\_\_\_\_

FISHER HOUSE \_\_\_\_\_

\*DESIGNATE OR WILL GO TO ONE DRAWN

FREEDOMS FOUNDATION \_\_\_\_\_

JAMES H. PARKE SCHOLARSHIP \_\_\_\_\_

JOHN TRACY CLINIC \_\_\_\_\_

MAKE A WISH \_\_\_\_\_

NATIONAL PRESIDENT'S PROJECT \_\_\_\_\_

NATIONAL SCHOLARSHIP \_\_\_\_\_

PAWS WITH A CAUSE \_\_\_\_\_

RONALD MCDONALD HOUSE \_\_\_\_\_

\*DESIGNATE OR WILL GO TO ONE DRAWN

ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL \_\_\_\_\_

STATE VET'S NURSING HOMES \_\_\_\_\_

\*DESIGNATE OR WILL GO TO ONE DRAWN

NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: AMVETS LADIES AUXILIARY, DEPT OF FL**

**MAIL ONE (1) COPY TO HEADQUARTERS; MUST HAVE TWO (2) SIGNATURES ON ALL CHECKS**