



AMVETS LADIES AUXILIARY
DEPARTMENT OF FL
Jerri Devoll, Executive Secretary
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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