



THE AMERICAN LEGION - POST 0136 DONATION FORM

(Please complete all fields below.)

Are you a member of The American Legion? ☐ No ☐ Yes – Enter Member ID #
☐ Legion Member ☐ SAL Member

Name

Address (Line 1)

Address (Line 2)

City State Zip Code

Phone: ☐ Cell ☐ Home ☐ Work

Email:

Where do you want your donation to go?

American Legion Charities Legacy Scholarship Fund

National Emergency Fund Endowment Fund

Operation Comfort Warriors Child Welfare Foundation

Soldiers Wish

Total Donation

OPTION #1 ☐ I want to make a one-time donation

OPTION #2 ☐ I want to make this a recurring donation for the next 12-months. CREDIT CARD ONLY

☐ Paying by Check (*enclosed*) ☐ Paying by Credit Card (*see below* – MC/VISA/DISCOVER/AMEX)

Credit Card #: - - -

Exp. Date: - 3-digit Security Code (on back of card)
M M Y Y Y Y

Signature Required for Credit Card

NOTE: When the recurring donation is processed, a confirmation notice will be sent to the email address entered above.

Mail this form with your check or credit card information to:

The American Legion Post 136, P.O. Box 384, Isle of Palms, SC 29451
Questions? Call 843-860-1735.