

Department of New York American Legion Riders Donation Form



Please complete and return to:

James W. Casey, Department Adjutant
The American Legion, Department of New York
112 State St., Suite 1300
Albany, NY 12207

PLEASE PRINT CLEARLY

Gift Presented by: _____ Chapter # _____ County Name _____ District# _____

Personal or Other: _____

Chapter/County/District/Personal **Name:** _____

Chapter/County/District/Personal **Address:** _____

Chapter/County/District/Personal **Email Address:** _____

Complete name, title, and address of person to whom acknowledgement should be sent:

Complete description of gift presented by an American Legion Riders Chapter(s):

DONATIONS PRESENTED TO: (Organization or Fund)

Donation Amount

DONATIONS PRESENTED TO: (Organization or Fund)	Donation Amount
_____	_____
_____	_____
_____	_____
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Thank you for all you do to support veterans, their families and their communities.