Northwest Iowa American Legion Riders Post 241

Request for Cash Donation Form

Name of person making the nomination:

Phone number:

Active ALR member? [ ]  Yes [ ]  No

Organization/Person Nominating Section

Entity: [ ]  Organization

Name:

Address:

City: State: Zip Code:

Phone Number:

Reason for the request?

[ ] Person

Name:

Address:

City: State: Zip Code:

Phone Number:

Is this person a Veteran? [ ]  Yes [ ]  No Dates of Service

Is this person a member of [ ]  ALR [ ]  American Legion [ ]  Legion Auxiliary [ ]  SAL [ ]  None of these

 (choose one)

Hardship experiencing?

Is this person married? [ ]  Yes [ ]  No

Do they have a dependent family? [ ]  Yes [ ]  No

Chaplain’s Committee Recommendation:

Executive Committee Decision: