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: