

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

Organization-Complete for Organizations requesting assistance

Name:

Address:

City:

State:

Zip Code:

Phone Number:

Reason for the request?

Person-Complete for person/family requesting assistance

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 Veteran Other
(choose one)

Reason for Request?

Is this person married? Yes No

Do they have a dependent family? Yes No

Chaplain's Committee Recommendation: _____

Executive Committee Decision: _____
