



**American Legion Auxiliary**  
**Department of Georgia**  
 3035 Mt. Zion Rd.  
 Stockbridge, GA 30281-4101  
 678-289-8446 Fax – 678-289-9496  
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**Remittance for the following 2016-2017 Department Obligations/Contributions**

This form is for your convenience when sending checks into Department Headquarters. Please make Copies for further use. Make checks payable to ALA Dept. of GA.

**Please Send One Check for these Obligations/ Contributions**

<b>Mandatory Obligations</b>	<b>Amount</b>
Bond Income (mandatory obligation) <b>\$10.00</b>	\$
Book of Reports (mandatory obligation) <b>\$15.00 each</b>	\$
Junior Funds (voted on Dept Convention June 2015) <b>\$10.00</b>	\$
Comfort Articles	\$
Hostess Party ( <b>advise if you want check refunded, list Month &amp; Hospital party held</b> )	\$
<b>Poppy Orders (Circle month Unit Distributes below)</b>	
1000 poppies @ \$150.00	\$
500 poppies @ \$ 75.00 ( <b>minimum order</b> )	\$
250 poppies @ \$ 37.50 ( <b>minimum order for Units with 50 members or less</b> )	\$
<b>TOTAL</b>	
<b>Circle the month your Unit Distributes</b> <b>MAY</b> <b>NOVEMBER</b>	

**Due to the Department:** 25% of your net Poppy Proceeds. Please indicate the month the proceeds were received.

\*November distribution proceeds are due into the Department by December 15<sup>th</sup>

\*May distribution proceeds are due into the Department by June 15<sup>th</sup>

\*\*If you distribute both months send the proceeds by dues dates above

\*\*\* Please use the Poppy Financial Report when reporting poppy distribution\*\*\*

**The following will be billed separately:** Christmas Assessments \$0.30 (per member as of last year's goal)

<b>Contributions</b>	<b>Amount</b>
Auxiliary Emergency Fund	\$
Cavalcade of Memories	\$
Creative Arts Festival	\$
Headquarters Fund Raiser	\$
President's Special Project	\$
Past Presidents Parley Nursing Scholarships	\$
<b>TOTAL</b>	<b>\$</b>

**All other contributions should be mailed directly to the recipient**

Date \_\_\_\_\_ Enclosed is CK # \_\_\_\_\_ AMT. \$ \_\_\_\_\_

If more than one check enclosed: CK # \_\_\_\_\_ AMT \$ \_\_\_\_\_ In payment of \_\_\_\_\_

Unit: \_\_\_\_\_ District \_\_\_\_\_ Town \_\_\_\_\_ Submitted By: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_