

American Legion Auxiliary

**Department of Georgia**

3035 Mt. Zion Rd.

Stockbridge, GA 30281-4101

678-289-8446 Fax – 678-289-9496

secamlegaux@bellsouth.net www.aladeptga.com

**Remittance for the following 2021-2022 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. DO NOT COMBINE WITH MEMBERSHIP CHECK!

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

|  |  |
| --- | --- |
| **Mandatory Obligations \*\*\*DUE BY APRIL 1st \*\*\*(voted on June 2021 Convention)** | Amount |
| Bond Income (mandatory obligation) **$10.00** | $ |
| Book of Reports (mandatory obligation) **$15.00 each** | $ |
| Junior Funds (voted on Dept Convention June 2015) **$5.00** | $ |
| Comfort Articles **(suggested** **minimum amount $25.00)** | $ |
| Hostess Party **(if no funds are sent into department, Unit must provide verification to us as to when & where party was held in order to get credit) minimum $25.00** | $ |
| **Poppy Orders** |  |
| 1000 poppies @ $150.00 | $ |
| 500 poppies @ $ 75.00 **(minimum order)** | $ |
| 250 poppies @ $ 37.50 **(minimum order for Units with 50 members or less)** | $ |
| **TOTAL** |  |

**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 15th

\*May distribution proceeds are due into the Department by June 15th

\*\*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) |

|  |  |
| --- | --- |
| **Contributions** | Amount |
| Auxiliary Emergency Fund | $ |
| Creative Arts Festival | $ |
| Headquarters Fund Raiser | $ |
| President’s Special Project | $ |
| Past Presidents Parley Nursing Scholarships | $ |
|  |  |

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_