

**Yes, I want to help.**

Enclosed please find my donation in the amount of :

\$1,000     \$25     \$10     \$500

\$100     Other \_\_\_\_\_

Please send me information on how I can include The American Legion Endowment Fund in my Will.

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NAME

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ADDRESS

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CITY

STATE

ZIP CODE

Please print this form and mail with your gift to:

**The American Legion Endowment Fund**  
**c/o The American Legion National Headquarters,**  
**P.O. Box 1055, Indianapolis, IN 46206**