AMERICAN LEGION AUXILIARY

Department of Illinois

SERVICE TO VETERANS/HOSPITAL SERIVCE PIN ORDER FORM

UNIT NAME_____ NO._____ LOCATED_____ DISTRICT NO. _____

VA&R CHAIRMAN_____ ADDRESS_____

UNIT PRESIDENT _____ADDRESS_____

Number of Service to Veterans Pins Requested_____ **Price: $20.00 each Amount enclosed $**_____

NOTE: This is a ONE TIME ONLY PIN PRESENTED AFTER THE "FIRST 50 HOURS" ARE SERVED. Make checks payable to

DEPARTMENT TREASUER and attach to this report form. PLEASE PRINT NAME OF VOLUNTEER AND CHECK WHETHER VOLUNTEER IS SR., JR., OR NON-AFFILIATE.

NAME OF VOLUNTEER	SR	JR	NON-AFFILIATE	Service to Veterans Pin
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____

USE ANOTHER SHEET FOR ADDITIONAL NAMES IF NECESSARY

Please send order form and check to: American Legion Auxiliary, P.O Box 1426, Bloomington, IL, 61702