

AMERICAN LEGION AUXILIARY – DEPARTMENT OF WISCONSIN

PO Box 140, Portage WI 53901-0140 608-745-0124 • bookkeeping@amlegionauxwi.org

| Unit CITY location | | Unit # |
|--|---|--|
| Date | | |
| NURSING/HEALTHCARE SCHO | LARSHIPS DONATION | 5E3** |
| Harriet Hubbard Registered Nurse Scholarships acceptance to an accredited hospital or university | | |
| Health Career Scholarships – course of study netechnical school program is acceptable. | eed not be a 4-year program. | Hospital, University, or |
| These scholarships are funded by the Past Pres unit donations. The number of scholarships av Units do not need to have a Par | varded is determined by the a | mount of donations received. |
| ☐ Yes, our Unit would like to donate to the scl | nolarship fund in the amount | of \$① |
| ☐ Yes, the following members would like to p | ay their PPP Dues (\$7/person |): |
| PAST PRESIDEN | TS PARLEY MEMBERSHIF | <u>, </u> |
| (please print legibly) | | |
| 1, | 6 | |
| 2 | | _ |
| 3 | 8 | |
| 4 | 9 | |
| 5 | 10 | |
| List additional nam | nes on separate sheet if necessary | |
| Number of names listed _ | @ \$7.00 each = | \$ |
| | Total amount $① + ② =$ | \$ |
| Make check payable to – ALA-PPP | Department will implement a for checks return | |
| Send PPP Membership cards to: | | |
| Name | | |
| Address | | |
| City/State/Zip | | |
| Phone Email | | |

PPP cards are sent out by the Chairman, Char Kiesling Any questions, please contact her at 920-428-5655 (c)