

AMERICAN LEGION AUXILIARY – DEPARTMENT OF OREGON  
P.O. BOX 1730  
WILSONVILLE, OREGON 97070-1730  
Phone 503-682-3162  
alamembership@alaoregon.org

**CHECK REQUEST FORM**

**INSTRUCTIONS**

Complete all lines and forward them to the Department for processing.

**PERSON REQUESTING CHECK:**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

REQUEST DATE: \_\_\_\_\_

I request a check for the following:

PURPOSE: \_\_\_\_\_

\_\_\_\_\_

PROGRAM: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

PAY TO: \_\_\_\_\_

ADDRESS OF PAYEE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Check request not to exceed \$1000.00.  
Please mail or email to department. Checks are mailed out twice a month.