



AMERICAN LEGION AUXILIARY – DEPARTMENT OF OREGON
P.O. BOX 1730 WILSONVILLE, OREGON 97070-1730
Fax 503-685-5008 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: _____

I request a check for the following:

PURPOSE: _____

PROGRAM: _____

AMOUNT: _____

PAY TO: _____

ADDRESS OF PAYEE: _____

APPROVED BY: _____

DATE: _____

Check request not to exceed \$1,000.00.

Please mail or email to department. Checks are mailed out twice a month.