

AMERICAN LEGION AUXILIARY

ALAMIS Invoice

UNIT # _____ Unit Town _____ DATE _____

DISTRICT# _____

COUNTY _____

MAIL TO: NAME, ADDRESS, PHONE

(_____) _____

Qty		Amount Due
1	2018-2019 ALAMIS yearly Membership Unit Membership for ALAMIS	\$10.00

CHECK NUMBER _____

Please do not staple check to this form. Mail to: American Legion Auxiliary, 720 Lyon St, Des Moines, Iowa, 50309.