

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF COLORADO
VA FACILITY REMITTANCE FORM**

Date _____ Unit # _____ Location _____

AMOUNT PROGRAM

_____ General Contribution, to be used at any VA Facility where needed.
_____ Colorado Springs Satellite
_____ Denver VA
_____ Fisher House
_____ Fitzsimmons Nursing Home
_____ Florence Nursing Home
_____ Grand Junction VA
_____ Homelake Nursing Home
_____ Pueblo Nursing Home
_____ Pueblo CMHI
_____ Rifle Nursing Home
_____ Walsenburg Nursing Home

Veterans Day (Please send before October 15th)

_____ Denver VA
_____ Grand Junction VA

Christmas Gifts (Please send before November 15th)

_____ Denver VA
_____ Fitzsimmons Nursing Home
_____ Florence Nursing Home
_____ Grand Junction VA
_____ Homelake Nursing Home
_____ Pueblo Nursing Home
_____ Pueblo CMHI
_____ Rifle Nursing Home
_____ Walsenburg Nursing Home

Total Amount Enclosed: _____ **Check #** _____

Make Checks Payable to: American Legion Auxiliary

Send To: American Legion Auxiliary
7465 East 1st Avenue, Suite D
Denver, CO 80230

Revised December, 2013