

PAST PRESIDENT'S PARLEY LIST

UNIT NAME _____ UNIT NUMBER _____

DISTRICT NUMBER FOR DISTRICT PARLEY _____ (list Unit # for each member)

PARLEY DUES BEING PAID FOR _____ YEAR

PARLEY CHAIRMAN _____

CARDS TO BE SENT TO _____

ADDRESS _____

PARLEY DUES (\$5.00 PER MEMBER) NUMBER OF MEMBERS _____

PARLEY DUES AMOUNT \$ _____

PPP NURSE TRAINING SCHOLARSHIP DONATION \$ _____

OTHER _____ \$ _____

TOTAL REMITTANCE \$ _____

IMPORTANT: List all names alphabetically. Unit dues must be paid before Parley dues will be accepted.
Mail remittance together with this form to:

**American Legion Auxiliary, Department of Colorado
7465 East 1st Avenue, Suite D, Denver, CO 80230**

NAME	UNIT	NAME	UNIT
1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	