

**WILWIN DONATION FORM**

Enclosed is a contribution for Wilwin to help them achieve their goals:

Enclosed is \$ \_\_\_\_\_ IN MEMORY OF/OR SPECIAL FUNDRAISER-

PLEASE INDICATE:

Master Card/Visa (circle one)

Credit Card # \_\_\_\_\_ Expiration: \_\_\_\_\_

Signature \_\_\_\_\_

NAME \_\_\_\_\_

E-Mail (optional) \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_

POST/SQUADRON/UNIT \_\_\_\_\_

Make check payable to Wilwin. Mail to The American Legion  
Department of Michigan, ATTN: Accounting, 212 N.Verlinden,  
Lansing, MI 48915

All donations over \$25 will be acknowledged. Thank you.