



**American Legion Auxiliary
Department of Idaho**

UNIT BONDS

NATIONAL is requiring the **BOND** be paid **EVERY THREE (3) years. \$ 18.00 TOTAL**

(Date submitted) _____ / _____ / _____
(Month) (Day) (Year)

Please submit this form with your payment.

If you have any questions, please contact the office at (208) 342-7066.

idalegionaux@gmail.com

Submit form and payment to American Legion Auxiliary
8766 Rim RD
Nampa, ID 83686

Date Submitted for three years: _____ to _____ to _____.
(Year) (Year) (Year)

District # _____ Unit _____ / _____
(Name) (Number)

City _____, ID _____ Zip _____

Amount _____ Signature _____

Signature's Office _____

Communication if needed:

Completed by Department Only

Bank _____ Check # _____ Amount _____

Date Submitted by Dept _____ Signature of Office Official _____

Thank You!