

**American Legion Auxiliary
Department of Idaho**

UNIT BONDS

National is requiring the **BOND** be paid for three (3) years. **\$18 TOTAL**

(Year submitted) _____/_____/_____

Units, please submit the following to Department by, **December 11, 2021.**

Please submit this form with your payment.

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

Submit form and payment to American Legion Auxiliary

905 W Warren Street

Boise, ID 83706

Date Submitted: _____

District _____

Unit # _____ in (city) _____ ((Zip) _____

Amount _____ Signature _____

Communication if needed:

Completed by Department Only

Bank _____ Check # _____ Amount _____

Date Submitted by Dept _____

Signature of Office Official _____

**American Legion Auxiliary
Department of Idaho**

DISTRICT BONDS

National is requiring the **BOND** be paid EVERY YEAR. **\$43.22 TOTAL**

(Year submitted) _____

Units, please submit the following to Department by, **December 11, 2021.**

Please submit this form with your payment. If you have any questions, please contact the office at (208) 342-7066.

Submit form and payment to American Legion Auxiliary
905 W Warren Street
Boise, ID 83706

Date Submitted by Unit: _____

District # _____

Unit # _____ in(city) _____, ID (zip) _____

Amount _____ Signature _____

Communication if needed:

Completed by Department Only

Bank _____ Check # _____ Amount _____

Date Submitted by Dept _____

Signature of Office Official _____

