



**American Legion Auxiliary  
Department of Idaho  
UNIT BONDS**

**National** is requiring the **Bond be paid Every Three (3) Years. \$18.00 Total Units**, please submit the following to Department:

Date Submitted by Unit: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Month) (Day) (Year) (Month) (Day) (Year)

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

[idalegionaux@gmail.com](mailto:idalegionaux@gmail.com)

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

District Number \_\_\_\_\_ Unit Name and Number \_\_\_\_\_/\_\_\_\_\_  
(Name) (Number)

City \_\_\_\_\_, ID \_\_\_\_\_ Zip \_\_\_\_\_

Amount \_\_\_\_\_ Signature \_\_\_\_\_

**Communication if needed:**

*Thank You!*

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Completed by Department Only

Bank \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

Date Submitted by Department \_\_\_\_\_

Signature of Office Official \_\_\_\_\_