

Send to: VFW AUXILIARY, DEPT. OF WA  
P.O. BOX 13193  
SPOKANE VALLEY, WA 99213

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| <u>CHECK SUMMARY</u>  | <u>Amount Due</u> |
|---|-------------------|
| <u>Annual</u> <u>New</u> <u>Rejoin</u>                        |                   |
| Current Nat'l Dues on _____ Members \$ _____ (\$10.00)        |                   |
| Current Dept Dues on _____ Members \$ _____ (\$ 6.00)         |                   |
| Fees for # _____ Life Members @ \$ _____ \$ _____             |                   |
| Fees for # _____ Life Members @ \$ _____ \$ _____             |                   |
| Fees for # _____ Convert to Life @ \$ _____ \$ _____          |                   |
| Hospital (\$3.00 per member as of 6/30) # _____ \$ _____      |                   |
| Other Donations to VA Hospitals/Veterans Homes \$ _____       |                   |
| Cancer Aid & Research (\$1.00 per member as of 6/30) \$ _____ |                   |
| President's Pin (\$3.00 each) \$ _____                        |                   |
| President's Special Project \$ _____                          |                   |
| Patriotic Art \$ _____  |                   |
| National Home Fund (Cottage) \$ _____                         |                   |
| National Home (Family Support Svcs.) \$ _____                 |                   |
| Fisher Houses _____ \$ _____                                  |                   |
| USO Military Lounges _____ \$ _____                           |                   |
| Ways & Means (Fundraising) ... Put on separate C/S \$ _____   |                   |
| Department Convention Delegates Fees                          |                   |
| Number of Delegates @ \$4.50 each _____ \$ _____              |                   |
| No. of Other Officers @ \$4.50 each _____ \$ _____            |                   |
| OTHER DONATIONS _____ \$ _____                                |                   |
| OTHER DONATIONS _____ \$ _____                                |                   |
| TOTAL \$ _____  |                   |
| Check # _____ Date _____                                      |                   |
| Auxiliary # _____ District _____                              |                   |

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| TOTAL \$ _____  |                   |
| Check # _____ Date _____                                      |                   |
| Auxiliary # _____ District _____                              |                   |