



**DEPARTMENT OF MARYLAND
VFW AUXILIARY
TREASURER'S DISTRIBUTION FORM**

Make checks payable to:
Dept. of MD VFW Auxiliary
Send to:
Jackie Kimball, PDP
Department Treasurer
1019 Queen Avenue
Salisbury, MD 21801-2008

This form is not mandatory to use. This form is provided only for your convenience. Please refrain from using the actual, refund and comments boxes below.

STANDING DONATIONS VFW & AUXILIARY	
Cancer Aid & Research (Not Mandatory)	\$ _____
President's Special Project	\$ _____
National Home Health & Happiness Fund	\$ _____
Dept. of VFW Service Office Fund	\$ _____
Scholarship Fund	\$ _____
Department Hospital Fund	\$ _____
Department Hospital Treat	\$ _____
VFW Foundation—National Veterans Service	\$ _____
VFW Foundation—Operation Uplink	\$ _____
VFW Foundation—MAP (Military Assistance Program)	\$ _____
VFW Foundation—UnMet Needs	\$ _____

Date _____
 Auxiliary No. _____
 District No. _____
 Auxiliary Check No. _____
 Check Amount \$ _____

1
TOTAL STANDING DONATIONS
 \$ _____

MEMBERSHIP—DUES	
Membership—New Annual	\$ _____
Membership—Continuous	\$ _____
Membership—New Life	\$ _____
Membership—Annual Converting to Life	\$ _____
Membership—Life Credit Card	\$ _____
Membership—Life Credit Card, Anul Convert to Life	\$ _____

2
TOTAL MEMBERSHIP—DUES
 \$ _____

MISCELLANEOUS DONATIONS	
Raffle—Hospital Program	\$ _____
VFW National Home Kitchen Fund	\$ _____
VFW National Home Maryland House Fund	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

3
TOTAL MISCELLANEOUS
 \$ _____

GRAND TOTAL (1 + 2 + 3)
 \$ _____

Type of Membership	No. of Dues	Amount	Actual	Refund	Comments
New Annual		\$	\$	\$	
New Life		\$	\$	\$	
Continuous		\$	\$	\$	
Convert to Life		\$	\$	\$	
Transfers		\$	\$	\$	
Totals		\$	\$	\$	

Date Refund to Auxiliary	Check Number	Amount	Reason for Refund