

# Fall Packet Order Form

Mail to: American Legion Auxiliary  
5440 Herbert Lord Road  
Indianapolis, IN 46216



## ATTENTION

PLEASE send in money with this sheet. Packets must be paid for before Fall Conference! **Each Unit must pay for at least 1 Fall Packet.** Each packet will contain the new Programs Action Plan so each Officer & Chairman, at the Unit level, will be well informed of all the ALA programs for the 2021-2022 year.

### UNIT ORDERS:

UNIT: \_\_\_\_\_ District: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### CHOOSE ONE OPTION

- A. Number of **Unit** packets requested  
to be **picked up at Fall  
Conference:** \_\_\_\_\_ x \$25 \_\_\_\_\_
- B. Number of **Unit** packets requested  
to be **mailed:** \_\_\_\_\_ x \$35 \_\_\_\_\_
- C. Check # \_\_\_\_\_ Total \$\$ Sent: \_\_\_\_\_

### INDIVIDUAL ORDERS:

UNIT: \_\_\_\_\_ District: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### CHOOSE ONE OPTION

- D. Number of **Individual** packets requested  
to be **picked up at Fall  
Conference:** \_\_\_\_\_ x \$25 \_\_\_\_\_
- E. Number of **Individual** packets requested  
to be **mailed:** \_\_\_\_\_ x \$35 \_\_\_\_\_
- F. Check # \_\_\_\_\_ Total \$\$ Sent: \_\_\_\_\_