

Please complete and return to:

Robert L. Morrill  
The American Legion, Department of New York  
112 State St., Suite 1300  
Albany, NY 12207

**PLEASE PRINT CLEARLY**

Complete description of gift presented:

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On whose behalf was the gift presented: Post \_\_\_\_\_ Unit \_\_\_\_\_ Squadron \_\_\_\_\_

County \_\_\_\_\_ District # \_\_\_\_\_ Personal \_\_\_\_\_

LEGION    AUXILIARY    SONS    OTHER:    (Circle One)

Complete name, title, and address of person to whom acknowledgement should be sent:

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Give any additional information or special instructions which may be of help to in acknowledgement of the gift presented:

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If gift is given on behalf of a Post Unit Squadron County or District (Circle One)

Post Number: \_\_\_\_\_

Commander / President's Name: \_\_\_\_\_

Commander / President's Address: \_\_\_\_\_

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Thank you for your cooperation.

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