

**NATIONAL TWENTY AND FOUR
THE HONOR SOCIETY OF WOMEN LEGIONNAIRES**



MEMBERSHIP MONEY TRANSMITTAL

Date: _____

For Year: _____

From: _____ Echelon _____ State _____

CARD NUMBER		NAME	TYPE
20&4	AMERICAN LEGION		
			<input type="checkbox"/> RENEW <input type="checkbox"/> NEW <input type="checkbox"/> REINSTATE
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Enclosed: _____ dollars (\$ _____) for _____ members

Receipt Acknowledged: _____ Date: _____