



**POPPY REPORT
2018-2019**

POPPY PROGRAM

(a) That funds derived from the distribution of Poppies to be divided sixty percent to the Unit and forty percent to the Department, after the cost of poppies is paid.

(b) Poppy funds are restricted and may be expended for the Veterans and their families, to include active Military members and their families only.

UNIT POPPY CHAIRMAN:

Please fill out immediately after your poppy distribution days and return to Department Headquarters by JUNE 1st.

Unit Name: _____ Unit Number: _____

Chairman Name: _____ Phone No: _____

Email: _____

How many poppies did your Unit order? _____

Please list the proper amounts in the spaces below:

1. Total poppy proceeds \$ _____
2. Less cost of Poppies - _____ (@ \$210.00 per thousand)
3. Balance \$ _____
4. X 40% of Balance = _____

PAYMENT DUE TO DEPARTMENT BY JUNE 1st, AMOUNT ENCLOSED _____

Make checks payable to: American Legion Auxiliary, Dept. of Oregon
Mail to: PO Box #1730, Wilsonville, OR 97070