

**Sons of the
American Legion**
Department of Michigan
212 North Verlinden
Lansing, Michigan 48915

**REMITTANCE SHEET
MUST ACCOMPANY ALL REMITTANCES**



MEMBERSHIP YEAR _____

NO. _____ DATE _____ 20_____

SQUAD NAME _____ NEW MEMBERS _____
SQUAD NUMBER _____ RENEWALS _____
SQUAD LOCATION _____ TOTAL CARDS x _____
(SIGNED) _____ \$ _____ TOTAL REMITTANCE _____
TITLE _____ CHECK NUMBER _____
REMARKS _____

MAIL WHITE ORIGINAL TO DEPARTMENT HEADQUARTERS WITH DEPARTMENT RECORD - KEEP YELLOW COPY FOR YOUR FILE

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