



# Veterans of Foreign Wars Auxiliary Department of Missouri Treasurer's Distribution Form revised 5-11-2023

Make checks payable to:  
**VFW AUX MO**  
Send to:  
**Jackie Davis,**  
**Department Treasurer**  
**3849 Hwy 47 W**  
**Troy, MO 63379**

## Check Information

Auxiliary NO: \_\_\_\_\_ Name of Person: \_\_\_\_\_

District: \_\_\_\_\_ Check Date: \_\_\_\_\_

Check No: _____	Amount: \$ _____	Dues amt: \$ _____	Donation amount: \$ _____
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Check No: _____	Amount: \$ _____	Dues amt: \$ _____	Donation amount: \$ _____
Total:		Dues amt: \$ _____	Donation amount: \$ _____

## Donations

*Donations are not mandatory but greatly appreciated. Please continue to support our Department Programs.*

**President's Special Project** \$ \_\_\_\_\_  
**Mo National Home Program** (this is for the  
 Department Program) \$ \_\_\_\_\_  
**Veteran's Service Officers** \$ \_\_\_\_\_  
**Hospital** \$ \_\_\_\_\_  
**Youth Activities** \$ \_\_\_\_\_  
**Scholarships** (This includes Voice of Democracy,  
 Patriot's Pen, Past National President's Scholarship,  
 Young American Creative Art) \$ \_\_\_\_\_  
**Shirts** \$ \_\_\_\_\_  
**President's Pins** \$ \_\_\_\_\_

**Ways & Means** \$ \_\_\_\_\_  
**Past President's Club** \$ \_\_\_\_\_  
**Convention Delegate Fees** \$ \_\_\_\_\_  
**National Officers Fund** \$ \_\_\_\_\_  
**Other Funds or Donations** \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Donations** \$ \_\_\_\_\_

**Total all donations:** \$ \_\_\_\_\_

## Total Dues and Donations

\$ \_\_\_\_\_

## Membership Dues

*(Please attach the Membership Summary Form with the list the name of Continuous Members.)*

New Membership (list names below with Annual/Life) please print.	Annual/Life	No of Dues	Amount	Actual	Refund	Comments
_____						
_____						
_____						
_____						
_____						
_____						
<b>Continuous Members</b>						
<b>Convert to Life</b>						
<b>Transfers</b>						
<b>Totals</b>						
<b>Date Refund to Auxiliary</b>		<b>Check NO</b>	<b>Amount</b>	<b>Reason for Refund</b>		

Date Processed: \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_