

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF KANSAS**

POPPY DISTRIBUTION REPORT

**AFTER YOUR POPPY DISTRIBUTION DAY, PLEASE MAIL THIS REPORT
AND YOUR CHECK TO DEPARTMENT.**

**DEPARTMENT BYLAWS REQUIRE THAT 50% OF YOUR NET PROCEEDS
BE SENT TO THE DEPARTMENT OFFICE FOR REHABILITATION AND FOR
CHILDREN AND YOUTH FUND.**

**DISTRICT # _____ UNIT # _____
CITY _____**

- 1. TOTAL AMOUNT COLLECTED FROM DISTRIBUTION \$ _____**
- 2. YOUR EXPENSES - COST OF ORDER \$ _____**
- 3. NET PROFIT AFTER EXPENSES (LINE 1 MINUS 2) \$ _____**
- 4. 50% OF PROFIT TO DEPARTMENT (LINE 3 DIVIDE BY 2) \$ _____**
- 5. DONATION \$ _____**

**PLEASE REMIT LINE 4 & OR 5 TO: AMERICAN LEGION AUXILIARY
1314-B SW TOPEKA BLVD.
TOPEKA, KS. 66612**

SIGNED BY UNIT PRESIDENT _____