

**PLEASE USE THIS FORM TO SEND IN MEMORIALS**

TO: VFW AUXILIARY DEPARTMENT OF ILLINOIS  
140 W ANN ST  
SOMONAUK, IL 60552

FROM: AUX # \_\_\_\_\_ DISTRICT # \_\_\_\_\_

DATE: \_\_\_\_\_ CHECK # \_\_\_\_\_

FOR: \_\_\_\_\_

(Please Specify Fund. i.e. . Dept. President's Special Project, VA Facility, Cancer, other)

NAME OF DECEASED: \_\_\_\_\_

**SEND CARD TO NEXT OF KIN:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ST., ZIP: \_\_\_\_\_

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