

Date \_\_\_\_\_



# Special Olympics Program Post Report & Questionnaire

Mail: American Legion, Department of Florida,  
Attn: Special Olympics, PO Box 547859 Orlando, FL 32854

**Must be received no later than May 1, of the current year**

Please circle all that apply to your Post:    LEGION    Auxiliary    SAL    ALR

Post # \_\_\_\_\_ Post Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fundraiser Chairperson \_\_\_\_\_ E-mail \_\_\_\_\_

Type of Fundraiser \_\_\_\_\_ Event Date \_\_\_\_\_

Total Amount Donated from the: Legion Post \$ \_\_\_\_\_ ALR \$ \_\_\_\_\_

Auxiliary \$ \_\_\_\_\_ SAL \$ \_\_\_\_\_

Total Volunteer Hours: \_\_\_\_\_

Circle the donation award category that best represents your Post, SAL, ALR, or Auxiliary:

**Diamond** \$5,000.00+      **Special** \$1,000.00 - \$4,999.99      **Gold** \$700.00 - \$999.99

**Silver** \$500.00 - \$699.99      **Bronze** \$300.00 - \$499.99      **Certificate** \$100.00 - \$299.99

Post Representative receiving the award at Department Convention:

Name \_\_\_\_\_

Title \_\_\_\_\_

**RETURN THIS SURVEY ALONG WITH YOUR DONATION TODAY!**

**THANK YOU FOR YOUR SUPPORT. VETERANS HELPING VETERANS.**