



AMERICAN LEGION AUXILIARY

Department of South Dakota
POPPY PROCEEDS YEAR _____

TOWN _____ SD UNIT # _____ DISTRICT _____

Immediately after your Poppy distribution, please complete this form and return to Department Headquarters with a check for 25% of the net proceeds. Deduct the price of poppies and other expenses from the total amount of sales in order to figure the net proceeds. Please file this report even if you have no net profit.

YEAR _____

Submit this form to **South Dakota American Legion Auxiliary**
Department Headquarters
PO Box 529
Clear Lake, SD 57226

Please do not send your poppy order at this time.

1. Total amount received from Unit Poppy Distribution \$ _____
2. Expenses
 - Cost of _____ small poppies \$ _____
 - Cost of _____ large poppies \$ _____
 - Other Expense \$ _____
 - Total Expenses ----- \$ _____
3. Total Net Proceeds (subtract total expenses, line2,
From amount received from distribution, line1) \$ _____
4. Multiply 25% X net proceeds \$ _____
5. Enclosed is the check for 25% of net proceeds \$ _____

Signed _____ Date _____

Please mail this report and check immediately following your poppy distribution.

75% of proceeds go to Rehabilitation Fund
25% of proceeds go to Children and Youth Fund