

## American Legion Auxiliary (ALA) Missouri Girls State (MGS) 2022 School Pledge Form

ALA District Number: \_\_\_\_\_\_\*\*to be filled in by ALA MGS Headquarters

High School Name:	County:
High School Mailing Address:	
<u>City</u> :	State: MO Zip:
Contact Name:	Position at School:
Contact E-mail Address(please print):	:
Phone Number:	Extension (if applicable):
Summer Contact Phone Number:	School Fax Number:
	to expedite contact in the event that a delegate cancels at the last moment. we us to facilitate a possible refund or replacement as soon as possible.
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Send original and 2 copies to:

American Legion Auxiliary, Attn: ALA MGS, 600 Ellis Blvd, Jefferson City, MO 65101



Send

## American Legion Auxiliary (ALA) Missouri Girls State (MGS) 2022 Contributing Organization Roster

The American Legion Auxiliary Department of Missouri wants to acknowledge and send thanks to those organizations and businesses in the community that have made a financial contribution to help pay all or part of the MGS tuition fees for one or more delegates. A certificate will be created for each business or organization listed below. If the complete address is not listed, the certificate will be sent to the school representative listed above for distribution.

If a delegate is assigned/associated with a specific donation, please write the delegate's name with it. If not, leave the delegate name blank.

High School:		Contact Name:		
Mailing Address:				
	Street	City	Zip	
ate a certificate for our high sc	shool with the name included as w	ritten above. DO NOT create a cer	rtificate for the school.	
		OVE who will distribute certificates to	o organizations. Otherwise	
icates will be sent to the % Co	ntact Name of each organization.			
#1 Organization:		% Contact Name:		
Street:		City, State Zip:		
Delegate Name:		Create a Certificate DO NOT Create a Certificate		
#2 Organization:		% Contact Name:		
Street:		City, State Zip:		
Delegate Name:		Create a Certificate DO NOT Create a Certificate		
#3 Organization:		% Contact Name:		
Street:		City, State Zip:		
Delegate Name:		Create a Certificate DO NOT Create a Certificate		
#4 Organization:		% Contact Name:		
Street:		City, State Zip:		
Delegate Name:		Create a Certificate DO NOT Create a Certificate		
#5 Organization:		% Contact Name:		
Street:		City, State Zip:		
Delegate Name:		Create a Certificate DO NOT Create a Certificate		

\*\*\*If more than 5 contributing organizations should be recognized for sponsorship, please complete multiple copies of this form.

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