



Department Commander's Testimonial

Booster Sheet

Post _____ District _____

\$1.00 per person

\$2.00 per Mr. & Mrs.

Make check to: **The American Legion Department of MA**

Copy deadline is November 4, 2017

*****PLEASE PRINT CLEARLY*****

1	_____	21	_____
2	_____	22	_____
3	_____	23	_____
4	_____	24	_____
5	_____	25	_____
6	_____	26	_____
7	_____	27	_____
8	_____	28	_____
9	_____	29	_____
10	_____	30	_____
11	_____	31	_____
12	_____	32	_____
13	_____	33	_____
14	_____	34	_____
15	_____	35	_____
16	_____	36	_____
17	_____	37	_____
18	_____	38	_____
19	_____	39	_____
20	_____	40	_____

Send Booster Sheet and check(s) to Bob Baranowski, 6 Gardens Drive, Springfield, MA 01119-2534