



# American Legion Auxiliary Department of South Dakota

Poppy Proceeds Year \_\_\_\_\_

Town \_\_\_\_\_ 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.

Send this report to: American Legion Auxiliary of South Dakota  
PO Box 983  
Mitchell, SD 57301

1	Total amount received from Unit Poppy Distribution		\$ _____
2	Expenses		
	a Cost of _____ Small Poppies	\$ _____	
	b Cost of _____ Large Poppies	\$ _____	
	c Other Expenses	\$ _____	
	Total Expenses		\$ _____
3	Total Net Proceeds	Line 1 less Line 2	\$ _____
4	Multiply 25% x Net Proceeds		\$ _____
5	Enclosed is the check for 25% of New Proceeds	Check #	_____

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

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### Office Use

75% of Proceeds to VAR Funds \$ \_\_\_\_\_

25% of Proceeds to Children & Youth Funds \$ \_\_\_\_\_