



Detachment of Minnesota
Sons of the American Legion
POST-IT Program



Year:	<input type="text"/>	Month:	<input type="text"/>
Squadron #:	<input type="text"/>		
Squadron Name/City:	<input type="text"/>		
Address/Zip:	<input type="text"/>		
Telephone Number:	<input type="text"/>		
Number of hours work on project:	<input type="text"/>		
(multiply the number of hours worked by the number of SAL working)			
Value of materials donated:	<input type="text" value="\$"/>		
Actual dollars donated:	<input type="text" value="\$"/>		
Description of the project, program, donation			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
POST-IT contact signature:		<input type="text"/>	
POST-IT contact phone number:		<input type="text"/>	

Fill-In & Save the Form
(using a Different filename)
Then Email the Saved Form
as an 'attachment' to:
post-it@mnsal.org

OR

Print and
Mail the Form TO:

Bill Peters
POST-IT COORDINATOR
3346 Minnehaha Avenue
Minneapolis MN 55406