

Home Service

This is to certify that a member of _____ Unit# _____
is an American Legion Auxiliary Home Service Volunteer who has served (check one):

_____ 50 hours from _____ to _____
(Date) (Date)

_____ 500 hours from _____ to _____
(Date) (Date)

_____ 1000 hours from _____ to _____
(Date) (Date)

For her service, she is entitled to an official Home Service Pin and/or a 500 or 1000
Hour Bar, as indicated above.

Signed _____
Unit Veterans Affairs and Rehabilitation Chairman

Information to which pin or bar should be sent:

Name

Address

City

State

Zip Code

**COMPLETE AND RETURN TO THE DEPARTMENT SECRETARY PO BOX 5867
LACEY, WA 98509-5867.**