

BIG SISTER AWARD
POLISH LEGION OF AMERICAN VETERANS, U.S.A.
LADIES AUXILIARY

Chapter No. _____
State _____

TO WHOM IT MAY CONCERN:

This is to certify that _____ has
(Sponsors Name)
sponsored the following _____ lady(ies) for membership for
(number)
three consecutive years.

_____ (Name)	_____ (Year)	_____ (Year)	_____ (Year)
_____ (Name)	_____ (Year)	_____ (Year)	_____ (Year)
_____ (Name)	_____ (Year)	_____ (Year)	_____ (Year)
_____ (Name)	_____ (Year)	_____ (Year)	_____ (Year)
_____ (Name)	_____ (Year)	_____ (Year)	_____ (Year)
_____ (Name)	_____ (Year)	_____ (Year)	_____ (Year)
_____ (Name)	_____ (Year)	_____ (Year)	_____ (Year)
_____ (Name)	_____ (Year)	_____ (Year)	_____ (Year)

Signed by:
Member _____
Chapter President _____
Chapter Fin. Secretary _____

ATTESTED TO BY: _____
State Financial Secretary Date

NOTE: State Financial Secretary to send a copy of this form to
the National Financial Secretary no later than March 31, 2007