

**ALA - Department of Illinois 2023/2024 Master Snip Sheet**

**Mail to:** American Legion Auxiliary, Department of Illinois, P O Box 1426, Bloomington, IL 61702-1426

<b>Dept. President's Special Project</b>	<b>IL VA facilities and IL Veteran Homes</b>	<b>\$</b> _____
<b>Americanism</b>	<b>Americanism Fund</b>	<b>\$</b> _____
	<b>Spirit of Youth Fund</b>	<b>\$</b> _____
<b>Auxiliary Emergency Fund</b>	<b>AEF Fund</b>	<b>\$</b> _____
<b>Children &amp; Youth</b>		
<b>Children's Miracle Network</b>	<b>Christmas Gift Program</b>	<b>\$</b> _____
	<b>Chicago/ Rockford</b>	<b>\$</b> _____
	<b>Peoria</b>	<b>\$</b> _____
	<b>Springfield/Champaign</b>	<b>\$</b> _____
	<b>St. Louis</b>	<b>\$</b> _____
	<b>Children &amp; Youth Scholarship</b>	<b>\$</b> _____
	<b>Special Olympics</b>	<b>\$</b> _____
<b>Education</b>	<b>Education Scholarships</b>	<b>\$</b> _____
<b>Junior Activities</b>	<b>Dept. Junior Conference</b>	<b>\$</b> _____
	<b>Junior Group Donations</b>	<b>\$</b> _____
<b>Illini Girls State</b>	<b>IGS Program Donation</b>	<b>\$</b> _____
	<b>IGS Registration -</b>	<b>\$</b> _____
<b>National Security</b>	<b>National Security Fund</b>	<b>\$</b> _____
	<b>USO Centers Great Lakes</b>	<b>\$</b> _____
	<b>Midway</b>	<b>\$</b> _____
	<b>O'Hare</b>	<b>\$</b> _____
	<b>Rock Island</b>	<b>\$</b> _____
	<b>St. Louis</b>	<b>\$</b> _____
	<b>Total</b>	<b>\$</b> _____

**Date** \_\_\_\_\_ **Unit Name** \_\_\_\_\_ **Unit #** \_\_\_\_\_

**Submitted by** \_\_\_\_\_ **Phone** \_\_\_\_\_ **email** \_\_\_\_\_

## ALA - Department of Illinois 2023/2024 Master Snip Sheet

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<b>Past Presidents Parley</b>	<b>Nurses Scholarship</b>	\$ _____
	<b>Parley Dues - \$1 per Past President (include Parley Dues Form)</b>	\$ _____
<b>VA &amp; R</b>		\$ _____
	<b>Six Point Program ***</b>	
Treasure Chest/	\$ _____	Christmas Gift Shop \$ _____
Canteen Books	\$ _____	Easter Gift \$ _____
Fresh Fruit	\$ _____	VA Nursing Homes \$ _____
	<b>Vets Medical Transport***</b>	\$ _____
	<b>Fisher House</b>	\$ _____
	<b>Hospitals and Facilities - General Donation ***</b>	\$ _____
Anna Veterans Home	\$ _____	LaSalle Veterans Home \$ _____
Bob Michel Outpatient	\$ _____	Capt. James Lovell FHCC \$ _____
Decatur Outpatient	\$ _____	Manteno Veterans Home \$ _____
Hines VA	\$ _____	Marion VA \$ _____
Illiana VA	\$ _____	Mattoon Outpatient Clinic \$ _____
Jefferson Barracks St.	\$ _____	Quincy Veterans Home \$ _____
John Cochran St. Louis	\$ _____	Springfield Outpatient Clinic \$ _____
Jesse Brown VA	\$ _____	

Please list if Hospital/Facility donation is for a special purpose or program

<b>The American Legion</b>	<b>Gifts to the Yanks ***</b>	\$ _____
	<b>American Legion Child Welfare Foundation</b>	\$ _____
<b>TAL Commander's Special Project</b>	<b>Illinois Disaster Relief and Youth Police School</b>	\$ _____
<b>SAL Commander's Special Project</b>	<b>Honor Flight</b>	\$ _____
<b>National Organization</b>	<b>American Legion Auxiliary Foundation</b>	\$ _____
	<b>National Creative Arts Program ***</b>	\$ _____
	<b>National President's Special Project</b>	\$ _____
<b>Memorial Donation to</b>	_____	\$ _____
<b>In honor of</b>	_____	
<b>Acknowledgement Sent</b>	_____	

**Total** \$ \_\_\_\_\_

\*\*\* Poppy funds may be used for these programs \*\*\*

Date \_\_\_\_\_ Unit Name \_\_\_\_\_ Unit # \_\_\_\_\_

Submitted by \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_