

**ALA - Department of Illinois 2025-2026 Master Snip Sheet**

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

Dept. President's Special Project	ALA Illini Girls State	\$
TAL Commanders Special Project	TAL Premier Boys State	\$
SAL Commanders Special Project	Youth Police School	\$
National President's Special Project	Spirit of Youth Fund	\$
Americanism	Americanism Fund	\$
	Spirit of Youth Fund	\$
Auxiliary Emergency Fund	AEF Fund	\$
Children & Youth	Christmas Gift Program	\$
	Children & Youth Scholarship	\$
	Special Olympics Events	\$
Education	Education Scholarships	\$
Junior Activities	Dept. Junior Conference	\$
Illini Girls State	IGS Program Donation	\$
	IGS Registration #	\$
National Security	National Security Fund	\$
	USO Centers *** Great Lakes Center	\$
	Midway	\$
	O'Hare	\$
	Marseilles Training Center	\$
	St. Louis	\$
Past Presidents Parley	Nurses Scholarship	\$
	Parley Dues - \$1 per Past President (include Parley Dues Form)	\$
The American Legion	Gifts to the Yanks ***	\$
	American Legion Child Well-Being Foundation	\$
National Organization	American Legion Auxiliary Foundation	\$
	National Creative Arts Program ***	\$

Page 1 total \$

Date _____ Unit Name _____ Unit # _____

Submitted by _____ Phone _____ email _____

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

Veterans Affairs & Rehab	Six Point Program (General) ***	\$
	Christmas Gift Shop	\$
	Easter Gifts	\$
	VA Nursing Homes	\$
	In facility Hospitality	\$
	Homeless & Homebound Christmas Bags	\$
	VA Toiletries & Art Therapy Supplies	\$
	Vets Medical Transport***	\$
	Fisher Houses***	
	Hines VA	\$
	Lovell Health Care	\$
	St Louis VAMC	\$
Hospitals and Facilities ***	General Donation	\$
	Hines VA Hospital	\$
	Illiana VA Health Care System	\$
	Jesse Brown VA Medical Center	\$
	Marion VA Medical Center	\$
	Lovell Federal Health Care Center	\$
	Jefferson Barracks St. Louis VA	\$
	John Cochran St. Louis VA	\$
	Anna Veterans Home	\$
	LaSalle Veterans Home	\$
	Manteno Veterans Home	\$
	Quincy Veterans Home	\$
	Bloomington Outpatient Clinic	\$
	Bob Michel Outpatient Clinic	\$
	Decatur Outpatient Clinic	\$
	Mattoon Outpatient Clinic	\$
	Springfield Outpatient Clinic	\$

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

Memorial Donation to (program) **\$**

In honor of

Acknowledgement Sent to

Page #2 total **\$**

Total of Pages 1 & 2 **\$**

Date _____ Unit Name _____ Unit # _____

Submitted by _____ Phone _____ email _____