

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 *****

**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

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 _____