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 ***

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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** _____

updated 12/2025