

ALA - Department of Illinois 2024-2025 Master Snip Sheet

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

Dept. President's Special Project	Auxiliary Emergency Fund	\$ _____
Americanism	Americanism Fund	\$ _____
	Spirit of Youth Fund	\$ _____
Auxiliary Emergency Fund	AEF Fund	\$ _____
Children & Youth		
	Children's Miracle Network	\$ _____
Christmas Gift Program	Chicago/Rockford	\$ _____
Children & Youth Scholarship	Peoria	\$ _____
Special Olympics	Springfield/Champaign	\$ _____
	St. Louis	\$ _____
Education	Education Scholarships	\$ _____
Junior Activities	Dept. Junior Conference	\$ _____
	Junior Group Donations	\$ _____
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)	\$ _____
	Total	\$ _____

Date _____ Unit Name _____ Unit # _____

Submitted by _____ Phone _____ email _____

ALA - Department of Illinois 2024-2025 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 ***		
Treasure Chest/Hospitality \$	_____	Christmas Gift Shop \$ _____
Canteen Books \$	_____	Easter Gift \$ _____
Fresh Fruit \$	_____	VA Nursing Homes \$ _____
	Vets Medical Transport***	\$ _____
	Fisher House***	\$ _____
	Hospitals and Facilities ***	General Donation \$ _____
Anna Veterans Home \$	_____	Jesse Brown VA \$ _____
Bloomington Outpatient Clinic \$	_____	LaSalle Veterans Home \$ _____
Bob Michel Outpatient Clinic \$	_____	Capt. James Lovell FHCC \$ _____
Decatur Outpatient Clinic \$	_____	Manteno Veterans Home \$ _____
Hines VA \$	_____	Marion VA \$ _____
Illiana VA \$	_____	Mattoon Outpatient Clinic \$ _____
Jefferson Barracks St. Louis VA \$	_____	Quincy Veterans Home \$ _____
John Cochran St. Louis VA \$	_____	Springfield Outpatient Clinic \$ _____

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

The American Legion	Gifts to the Yanks ***	\$ _____
	American Legion Child Welfare Foundation	\$ _____
TAL Commanders Special Project	Vet & Children Relief Fund/Illinois Disaster Fund	\$ _____
SAL Commanders Special Project	Operation Comfort Warriors ***	\$ _____
National Organization	American Legion Auxiliary Foundation	\$ _____
	National President's Special Project	\$ _____
	National Creative Arts Program ***	\$ _____
Memorial Donation to (program)	_____	\$ _____
In honor of	_____	
Acknowledgement Sent to	_____	
	Total	\$ _____

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

Date _____ Unit Name _____ Unit # _____

Submitted by _____ Phone _____ email _____