

Gift to Yanks 2017 Christmas Gifts Worksheet

Please complete this form and go to <http://www.giftstotheyanks.org> to order. ALL orders must be sent before November 1, 2017.

V.A. Hospital or Nursing Home Name _____

Address _____ City/Zip _____

Activity Director or Person in charge _____

Facility Telephone number (include area code) _____

American Legion Representative responsible for delivering gifts _____

Post # _____ Phone # (include area code) _____

Address _____ City/Zip _____

Facility is located in ____ District of the ____ Division of the Department of Illinois American Legion.

Total number of VETERAN patients in your facility? Male _____ Female _____

I certify these figures are accurate as of today's date _____.

Superintendent or Administrator _____

GIFT LIST (ONE GIFT PER VETERAN)
(Please note, these are the only sizes available.)

Items	Quantity Each Size					
	<i>Small</i>	<i>Medium</i>	<i>Large</i>	<i>X-Large</i>	<i>XX-Large</i>	<i>XXX-Large</i>
Jogging Suit-Navy						
Jacket						
Males Gift Bag						
Female Gift Bag						

Blanket _____

A Gift Bag Gift, for a veteran where size may be a problem: Male _____ Female _____

ONE GIFT PER VETERAN

TOTAL GIFTS NEEDED _____

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	Name	Gift & Size	Room #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
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22			
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24			
25			