

# Create an Account: <https://www.orders.giftstotheyanks.org/>



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To begin, go to: <https://www.orders.giftstotheyanks.org/>

All first time visitors to the site, that are ordering product, **MUST** first create an account.

**You must be an American Legion representative to order product. You must create an account in order to place an order for product.** Go to the top right corner and click Create An Account.



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Please fill in ALL the required fields.

Personal Information:

- First Name
- Last Name

Sign-In Information

- Email
- Password

Once you have filled in all the fields, click [Create an Account](#)

You will receive a confirmation email from Gifts To The Yanks welcoming you as a customer. You will be taken to the My Account screen.

## Create New Customer Account

Personal Information

First Name \*

Last Name \*

Sign-in Information

Email \*

Password \*

Password Strength: Strong

Confirm Password \*

\* Required Fields

[Create an Account](#)



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On My Account Page, select manage Addresses.



Search entire store here...  

Thanks News & Events How To Order History Hospitals Served Raising Funds Memorial's Division Contacts Awards & Recognition Products

- My Account
- My Orders
- My Downloadable Products
- Address Book
- Account Information
- Stored Payment Methods
- Billing Agreements

## My Account

### Account Information

#### Contact Information

Cary McClughen  
cmclughen@gmail.com  
[Edit](#) | [Change Password](#)

### Address Book [Manage Addresses](#)

#### Legion Representative

Cary McClughen  
203 S. Division  
Mahomet, Illinois, 61853  
United States  
T: 217-552-3927  
[Edit Address](#)

#### Default Shipping Address

Cary McClughen  
203 S. Division  
Mahomet, Illinois, 61853  
United States  
T: 217-552-3927  
[Edit Address](#)

#### Compare Products

You have no items to compare.

You have no items in your wish list.

Please fill in all the required fields. This is your **Legion Representative address and contact information.**

### Required Fields:

- First Name
- Last Name
- Company = (District You Represent)
- Phone Number
- Street Address
- City
- Stae/Province
- Zip/Postal Code
- Country

My Account  
My Orders  
My Downloadable Products  
**Address Book**  
Account Information  
Stored Payment Methods  
Billing Agreements

### Add New Address

Contact information

First Name \*

Last Name \*

Company

Phone Number \*

Address

Street Address \*

City \*

State/Province \*  
Please select a region, state or province.

Zip/Postal Code

Country \*  
United States

[Save Address](#)

- Please select

[Save Address](#)

[Save Address](#)



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As the Legion Representative your name and address will now be populated under Legion Representative. You now want to add the shipping addresses of the locations that you represent.

Click on [Add New Address](#)

✓ You saved the address.

- My Account
- My Orders
- My Downloadable Products
- Address Book**
- Account Information
- Stored Payment Methods
- Billing Agreements

## Address Book

### Default Addresses

#### Legion Representative

Cary McClughen  
VA Test One  
1604 Mitchell Drive  
Mahomet, Illinois, 61853  
United States  
T: 2175523927  
[Change Billing Address](#)

#### Default Shipping Address

Cary McClughen  
VA Test One  
1604 Mitchell Drive  
Mahomet, Illinois, 61853  
United States  
T: 2175523927  
[Change Shipping Address](#)

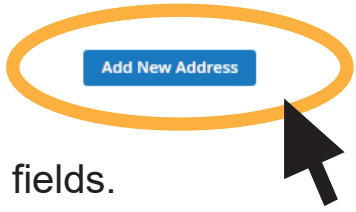
[Compare Products](#)

You have no items to compare.

### Additional Address Entries

You have no items in your wish list.

You have no other address entries in your address book.



Fill In all required fields.

\*Company = VA Hospital or Nursing Home represented.

When all required fields are filled in, select



Repeat for all locations represented.

### Add New Address

<b>Contact Information</b>	<b>Address</b>
First Name *	Street Address *
<input type="text" value="Cary"/>	<input type="text" value="203 S. Division"/>
Last Name *	<input type="text"/>
<input type="text" value="McClughen"/>	<input type="text"/>
Company	City *
<input type="text"/>	<input type="text" value="Mahomet"/>
Phone Number *	State/Province *
<input type="text" value="2175523927"/>	<input type="text" value="Illinois"/>
	Zip/Postal Code
	<input type="text" value="61853"/>
	Country *
	<input type="text" value="United States"/>
	<input type="checkbox"/> Use as my default billing address
	<input checked="" type="checkbox"/> Use as my default shipping address

