

Gifts to Gift to The Yanks Christmas Gifts Worksheet

Please complete this form and go to <https://www.order.giftstotheyanks.com> to order. All orders must be sent before November 1st.

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 you 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>
<i>Jacket</i>						
<i>Jogging Suit</i>						
<i>Blanket</i>						
<i>Males Gift Bag</i>						
<i>Female Gift Bag</i>						

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

One Gift Per Veteran

A Gift Bag Gift, for a veteran where size may be a problem: Total Gifts Needed _____

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	Name	Gi & Size	Room #
1			
2			
3			
4			
5			
6			
7			
8			
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10			
11			
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