Gifts to Gift to The Yanks Christmas Gifts Worksheet

Please complete this form and go to
https://orders.minervapromotions.com/gifts_to_the_yanks/shop/home
to order. All orders must be placed between October 1st- 31st, 2026.

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					
	Small	*Medium*	*Large*	*X-Large*	*XX-Large*	*XXX-Large*
Sweatshirt Top						
Blanket						
GIFT BAG						

*A Gift Bag Gift, for a veteran where size may be a problem: GIFT BAGS*_____ **One Gift Per Veteran**

*Total Gifts Needed*_____

Gift to Yanks Christmas Gifts Worksheet

Please complete this form and go to
https://orders.minervapromotions.com/gifts_to_the_yanks/shop/home
to order. All orders must be placed between October 1st- 31st, 2026.

	Name	Gift & Size	Room #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			