



### Hospital Gift Shop / Christmas Party Fund Request

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Are you requesting funds for a Gift Shop? \_\_\_\_\_ Christmas Party? \_\_\_\_\_

Do you have a date, time and location? \_\_\_\_\_

How much are you requesting and what will it be used for? \_\_\_\_\_

Will there be a ribbon cutting or special guests? \_\_\_\_\_

Have you invited the Department President and VA&R Committee? \_\_\_\_\_

Are you accepting items or monetary donations from Units or individuals? \_\_\_\_\_  
If so, please include an estimate of value for said items on your monthly report.

Will you be serving food or snacks? \_\_\_\_\_

Number of Veterans expected in your hospital around Christmas? \_\_\_\_\_  
(This number may be updated closer to the date, but we need an approximate number now)

Number of "Compliments of the American Legion Auxiliary" cards needed: \_\_\_\_\_

Hospital Representative: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

**VA & R Chairman MaryAnn Paul** [mapminmol@gmail.com](mailto:mapminmol@gmail.com)  
9434 Hill View Dr, Dallas, TX 75231 Phone: 214-629-8529  
Secretary/Treasurer [secretary@alatexas.org](mailto:secretary@alatexas.org)  
Finance Committee Chair [Christinet2121@yahoo.com](mailto:Christinet2121@yahoo.com)

**You must be up to date reporting in order to receive funds.**

**Please Note: All leftover funds from the Christmas Assessment, Christmas Gift Shop and/or Christmas Parties, must be returned to Department Headquarters by February 1<sup>st</sup> of the new year.**

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