

**American Legion Auxiliary
Department of New York
Christmas Gift Shop Report Form**

Facility Name: _____

Gift Shop Chairman: _____

Address: _____

Phone _____ email _____

Co-Chairman: _____ Phone: _____ Email: _____

Balance on hand \$ _____

1. Donations received _____

2. Value of gifts received (donations) \$ _____

3. Amount spent for gifts \$ _____

4. Amount of postage \$ _____

Other expenses: \$ _____ (Refreshments, supplies, includes 51 boxes mailed etc.)

5. Balance on hand at close of Gift Program _____

Value of gifts donated: \$ _____ (Left over for game prizes or Veterans needs)

Number of Patients served _____ / _____ (In-patient/out-patient)

Number of Volunteers _____ / _____ / _____ (ALA, SAL, TAL) Aux. Sons, Legion

Number of hour's _____ (Including Shopping preparation and clean-up)

Chairman Signature: _____ Co-Chairman: _____

Mail completed report by February 15th, with copy of all receipts/ledgers attached to Dept Veterans Affairs and Rehabilitation Chairman.

Please report all gifts and expenses to VAVS office for donation/attach donation form.

Make a copy for your records, forward one copy to VA&R Chairman
