CHRISTMAS GIFT SHOP -- PACKING LIST

DATE_____UNIT NAME_____UNIT NUMBER_____

CITY_____DISTRICT NUMBER_____ Name of Unit VA & R Chairman _____

Unit Chairman's Address _____Phone: _____

TOTAL VALUE OF GIFTS $_____

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INSTRUCTIONS:
1. Please list the full retail cost of the gifts.
2. Fill in the number of items you are shipping in each group and enclose the **WHITE COPY IN CARTON**.
3. Send the **YELLOW** copy to your **DISTRICT** Rehabilitation Chairman
4. Keep the **PINK** copy for your Unit files.

ENCLOSE: One self-addressed stamped envelope per Unit for acknowledgment.

CASH DONATIONS: Units making cash donations should:
1. Send the donation to Department **prior to October 31**, earmarked for intended facility.
2. Send the **white copy** of this form to the VAVS representative for the facility to which the donation is made.
3. Send the **yellow copy** of this form to the District Veterans Affairs & Rehabilitation chairman.
4. Keep the **pink copy** of this form for the Unit records.

Cash donations only $_____

THE FOLLOWING ARTICLES ARE ENCLOSED:

QUANTITY	FOR MEN AND TEENAGE BOYS	ACTUAL RETAIL VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	FOR WOMEN & TEENAGE GIRLS	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	FOR CHILDREN	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____