



# Operation Red Sleigh



Operation Red Sleigh is a holiday giving program created by the Illinois AMVETS Service Foundation to assist in providing a holiday meal and gifts for Illinois families of veterans and active-duty service members. Selected families will receive a holiday meal, 1 gift per adult and up to 3 gifts per child.

## Eligibility

- Veteran or active-duty military service members residing in Illinois
- Honorably Discharged or currently Active-Duty

## Selection Process

Applications will be available online at [www.ilamvets.org](http://www.ilamvets.org). Families will be selected based on financial need. Nomination forms are due by November 4th to [crystal@ilamvets.org](mailto:crystal@ilamvets.org) or mailed to Illinois AMVETS HQ, Attn: Programs, 2200 S. 6th St., Springfield, IL 62703. If selected, the family will be notified no later than November 27th. Only those families selected will be notified in writing. A meal and gifts will be delivered to the families no later than December 16th.



# Operation Red Sleigh



## Nomination Form

### Nominated Family Information:

Name of Parents or Guardians: \_\_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Active Duty: \_\_\_ Yes \_\_\_ No Honorable Discharge: \_\_\_ Yes \_\_\_ No

# of Adults in Home: \_\_\_\_\_ # of Children in Home: \_\_\_\_\_

### Please have the nominated family initial each line and sign and date at the bottom:

\_\_\_\_\_ I understand that my family has been nominated for Operation Red Sleigh.

\_\_\_\_\_ I understand there is no guarantee that my family will be selected for the program.

\_\_\_\_\_ I understand that my family information will be kept confidential.

\_\_\_\_\_ I certify the above information is true and accurate, if I am selected I acknowledge that I will need to provide a copy of my DD214 or Military ID.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Family Wish List:

Family Member Name	Age	Male or Female	Shirt Size	Pant Size	Wish list Items

**Nomination: To be complete by person nominating the family.**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Why do you feel this family should be included in the Operation Red Sleigh program? Please provide a brief description of the family's current situation.

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Nomination Forms are due by **November 4th**. Please submit completed applications via email to [crystal@ilamvets.org](mailto:crystal@ilamvets.org) or mail to:

Illinois AMVETS  
Attn: Programs  
2200 S. 6th Street  
Springfield, IL 62703

Only selected families will be notified no later than **November 27th**.

For questions, contact Crystal Blakeman at 1-800-638-8387 or [crystal@ilamvets.org](mailto:crystal@ilamvets.org).