VA | U.S. Department of Veterans Affairs
Veterans Health Administration
VA Puget Sound Health Care System

CDCE VA Center for Development & Civic Engagement | Voluntary Service DEPARTMENT OF VETERANS AFFAIRS

Donation Form

Location ☐ American Lake ☐ Seattle Today's Date _____

Donor Information

Who we are sending an acknowledgement letter to? *Please write legibly.*

☐ Individual ☐ Corporation ☐ Veteran Service Organization ☐ Other

Name or Title: _____

*Please indicate — **Location | Group | Chapter | Unit | Post** — of your organization*

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

In-Kind Donations

One form per donation.

Donation Details Please give a brief description of all donated items.	**Value** *(approx.)*
Total Estimated Value	

Monetary Donations

Monetary Donations will be used as authorized by law or in ways that benefit VA patients while receiving care from the VA, (VHA Handbook 4721)

Check #	**$**

Specific Donor Intent

Wish to restrict your donation for a specific program or service? Please list details below.

_____

_____

Received by _____ Signature _____

Office Use Only: *Entry Date* _____ *Initials* _____ *Donation ID#* _____

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