



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	Value (approx.)
Please give a brief description of all donated items.	
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 #	\$
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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#* _____