

DEPARTMENT OF VETERANS AFFAIRS  
VA MEDICAL AND REGIONAL OFFICE CENTER

VOLUNTARY SERVICE  
DONATION RECORD

DATE: \_\_\_\_\_

I AM DONATING: CHECK \_\_\_\_\_ BOOKS \_\_\_\_\_ MAGAZINES \_\_\_\_\_  
CRAFT SUPPLIES \_\_\_\_\_ CLOTHING \_\_\_\_\_ RECREATION SUPPLIES \_\_\_\_\_  
EQUIPMENT \_\_\_\_\_ COMFORT ARTICLES \_\_\_\_\_ OTHER \_\_\_\_\_

PLEASE INDICATE THE VALUE OF YOUR GIFT: \_\_\_\_\_

PLEASE DESCRIBE ITEM/S: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I WOULD LIKE A THANK-YOU NOTE SENT TO: (PLEASE PRINT)

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

THANK YOU FOR SUPPORTING OUR EFFORTS TO SERVE VETERANS  
AT THE VA MEDICAL AND REGIONAL OFFICE CENTER

For office Use:

Donation Log Notation: Y N Deposit Date \_\_\_\_\_ GPF \_\_\_\_\_

Purpose/distribute to \_\_\_\_\_

Acknowledgment sent: Y N

Family: Y N