

# DEPARTMENT OF VETERANS AFFAIRS Medical Center 718 Smyth Road Manchester, New Hampshire 03104



Stella M. Lareau, Chief, Center for Development & Civic Engagement (Voluntary Services) (603) 624-4366 Ext. 6419

## Please fill in the information below so that we may acknowledge and record your donation/activity: (please print)

#### **Donation**

Organization Name:			
Organization Name:			
Name of Person for Acknowled	lgement:	Phone:	
Street Address:			
City:	State:	Zip Code:	
Item(s) Donated:			
in carrying out all laws administered by Vogoods or services are provided by the De the Department's programs is tax deductionallows the Department to decide how the	A, which enhance the Secretary's a partment of Veterans Affairs in retu ble, whether the donor directs that donated funds will be used. I und the VA may use, convert and	e Secretary of Veterans Affairs may accept of bility to provide services and benefits to the rn for your contribution. A donation to support the donated funds be used for a specific pu- erstand that my donation is uncondi- d dispose of my donation as it deem	e veteran. Nort any of rpose, or ttional
Signature:	nature: Date:		
Ser	vice / Recreation A	Activity	*
Date:	Service / Activity:		
Sponsoring Organization:			
Contact Person:	Phone #:		
Street Address:			
City:	State:	Zip Code:	
Volunteer Signature:		Date:	

Donation:		Value:		
What are the	Issue	areas that fall within the scope of the p	artne	ership?
		Homelessness		Education
		Mental Health		Jobs Training
		Women's Health		Benefits
		Caregiver Support		Outreach
		Transportation		Adaptive Sports
		Employment		Recreational Therapy
		Financial Literacy		Volunteer Event

### Please list the names of the Registered Volunteers if they have not been entered into the computer.

Name (please print)	Volunteer Code*	Number of Hours

#### Note:

<sup>\*</sup> If you are an occasional volunteer please write **Occ.** in code column.