



Department of Veterans Affairs
VA Center for Development & Civic Engagement
 718 Smyth Road
 Manchester, NH 03104



DONATION FORM

One (1) Form per Organization or Group (including Auxiliaries)

| | |
|--|---|
| Date: _____ | |
| <i>Select if Donation if from an Organization/Group/Company OR Individual</i> | |
| <input type="checkbox"/> ORGANIZATION Name: _____ | <i>or</i> <input type="checkbox"/> INDIVIDUAL Name: _____ |
| Point of Contact: _____ | <i>If you are affiliated with a Veterans Service Organization or group, list it below (as an individual, you are making the donation, but the Organization will also receive "credit"):</i> |
| Local Chapter/Unit/Team: _____ | |
| All Donors: | |
| Address: _____ | |
| City/State/Zip: _____ | |
| Phone: _____ | E-mail: _____ |

| ITEM(S) / ACTIVITIES | |
|---|--|
| <i>Check the appropriate box below and/or give a brief description:</i> | |
| <input type="checkbox"/> Toiletries | <input type="checkbox"/> Clothing Items |
| <input type="checkbox"/> Rideshare Gift Cards | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Seasonal Cards |
| _____ | <input type="checkbox"/> Crafts/Games |
| _____ | <input type="checkbox"/> Food/Refreshments |
| ESTIMATED TOTAL VALUE of ITEMS & ACTIVITIES: \$ _____ | |

| | |
|--|--|
| MONETARY DONATIONS <i>will be used as authorized by law or in ways that benefit VA patients while receiving care from the VA (VHA Directive 4721). If you wish to restrict your donation for a specific program or service, please indicate so below. The CDCE office may contact you if additional information is required or if the specific restriction cannot be honored.</i> | |
| Checks must be completely filled out, with an address written or printed on the top. | |
| Restrictions or Earmarks: _____ | |
| <i>(optional)</i> | |
| In Memory / Honor of: _____ | |
| <i>(optional)</i> | |
| (e.g., cash, check) TOTAL MONETARY DONATION: \$ _____ | |
| Also make monetary donations online using: https://www.cdceportal.va.gov/donate_online/ | |

For more information visit www.volunteer.va.gov or scan this code:



Donation: _____ Value: _____

What are the Issue areas that fall within the scope of the partnership?

- Homelessness
- Mental Health
- Women's Health
- Caregiver Support
- Transportation
- Employment
- Financial Literacy

- Education
- Jobs Training
- Benefits
- Outreach
- Adaptive Sports
- Recreational Therapy
- 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:

* If you are an occasional volunteer please write **Occ.** in code column.