



Department of Veterans Affairs
 Durham VA Health Care System (135)
 Center for Development & Civic Engagement
 508 Fulton Street Durham, NC 27705

DONATION FORM

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

Date: _____

Select if Donation if from an **Organization/Group/Company** OR **Individual**

ORGANIZATION Name: _____

or INDIVIDUAL Name: _____

Point of Contact: _____

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"):

Local Chapter/Unit/Team: _____

All Donors:

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

ITEM(S) / ACTIVITIES

Check the appropriate box below and/or give a brief description:

- Toiletries Clothing Items Seasonal Cards Crafts/Games
 Rideshare Gift Cards Entertainment Food/Refreshments
 Other: _____

ESTIMATED TOTAL VALUE of ITEMS & ACTIVITIES: \$ _____

MONETARY DONATIONS

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.

Checks must be completely filled out, with an address written or printed on the top.

Restrictions or Earmarks: _____
 (optional)

In Memory / Honor of: _____
 (optional)

(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:

