



Department of Veterans Affairs

VA Center for Development & Civic Engagement (Formerly Voluntry Service)
VA Fayetteville Coastal Health Care
vhafncdcevolsvvc@va.gov

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:

