



Department of Veterans Affairs

W.G. (Bill) Hefner VA Medical Center
 1601 Brenner Avenue; Salisbury, NC 28144
 (704) 638-9000 x13409

DONATION

DATE: _____

DONOR INFORMATION
 Please print clearly

PLEASE SELECT ONLY ONE OPTION

INDIVIDUAL DONATION:

Name: _____
 Address: _____
Street City and State Zip
 Phone: _____ EMail: _____

ORGANIZATIONAL DONATION: (RECORD ACTIVITY/OCCASIONAL HOURS ON BACK OF FORM)

Organization: _____ Representative: _____
 Unit Name: _____ Unit Number: _____
 Unit Address: _____ Unit Phone: _____
Street City and State Zip

DONATION DESCRIPTION
 Please check all that apply

Cash \$ _____ Gift Card \$ _____ #: _____
 Check \$ _____ #: _____ Store: _____
 Activity: _____ Money Order \$ _____
 #: _____

Brief Description of Item(s) Donated:

Quantity: _____

Estimated Value:

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Value (estimated)		\$ _____

Special Designation of Funds/Items (i.e. Hospice, FCP#, etc., if applicable):

I give my permission to have my name listed as a donor in the Voluntary Service newsletter.

 Signature of donor

VOLUNTARY SERVICE OFFICE USE

Received By: _____ Date: _____