



Donation Form

Location American Lake Seattle Today's Date _____

Donor Information

Who we are sending an acknowledgement letter to? *Please write legibly.*

Individual Corporation Veteran Service Organization Other

Name or Title: _____
Please indicate — Location | Group | Chapter | Unit | Post — of your organization

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

In-Kind Donations

Donation Details: *One form per donation.*

	Value (approx.)
Total Estimated Value	\$

Monetary Donations

Monetary Donations will be used as authorized by law or in ways that benefit VA patients while receiving care from the VA, (VHA Handbook 4721)

Check # _____ **\$** _____

Specific Donor Intent

Wish to restrict your donation for a specific program or service? Please list details below.

Received by _____ Signature _____

Office Use Only: *Entry Date* _____ *Initials* _____ *Donation ID#* _____