



DONATION FORM

Date Donation Received:

VA Staff Receiving Donation:

Donor Information

Name of Donor (Org OR Ind): _____

Unit/Post (if applicable): _____

c/o Individual (if applicable): _____

Mailing Address: _____

Daytime Phone Number: _____

Donation Description

Please give a brief description of the item donated, including quantities; if items are new, include cost of purchase:

American Lake

-TO BE COMPLETED BY VAVS STAFF -

Seattle

Monetary*

Item

Activity

VSS ID # _____

Value (for in-kind donations, round to nearest whole number)

\$ _____

*Memorial? No Yes _____

Thank You: Mailed _____ Handed Declined
Date

Disposition: **What did we do with the in-kind donation/how was it used (include pertinent date):**