

IMPORTANT! For the PDF/e-version of this form: To ensure your work is saved, before filling in the form, from the File Menu, select Save As, and name and save the form to your device. Save again after completing the form.

Date:

DONOR			
Donated by:	Organization/Post/Chapter Name: Contact Name: Contact Title: Individual Name:		

Street Address:			
City:		State:	Zip:
Phone:		Email:	
DONATION DESCRIPTION			
Please provide any special instructions on the next page. Thank you.			
Financial			
Check No.#		Check Date:	In the amount of:
General Post Fund #		Field Service Receipt #:	
In memory of:			
In-Kind (Goods)			
Description	Quantity	Value/Each.	Ext. Value
Enter subtotals from next page:			
GRAND TOTAL:			
DISPOSITION			
Items delivered to:		And were received by:	
Ack handed to donor	Ack mailed to donor	Date:	
Return form to:		Signature of Employee Accepting Donation:	
Voluntary Service, Room C137 513-861-3100 Ext. 5736 Cincinnati VA Medical Center 3200 Vine Street, Cincinnati, OH 45220			

