Department of Veterans Affairs
VA Center for Development & Civic Engagement (135)
7305 N. Military Trail, West Palm Beach Fl 33410
VHAWPBVOLSVC@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:

Local Chapter/Unit/Team:

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"):

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: