

DONATIONS / ACTIVITIES

PRINT CLEARLY!

Date: _____

*Select if Donation if from an **Organization/Group/Company** OR **Individual***

ORGANIZATION Name: _____

or INDIVIDUAL Name: _____

Point of Contact: _____

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"):

Local Chapter/Unit/Team: _____

All Donors:

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

ITEM(S) *Check the appropriate box below and/or give a brief description:*

Other: _____

(including gift cards and canteen books)

ESTIMATED TOTAL VALUE of ITEMS: \$

ACTIVITIES *Indicate the type of activity provided and/or give a brief description:*

Bingo

Food/Refreshments

Entertainment

Other: _____

Campus/Area/Unit of Activity: _____

Date & Time of Activity: _____

ESTIMATED TOTAL VALUE of ACTIVITY \$

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 Voluntary Service 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: _____

(e.g., cash, check) TOTAL MONETARY DONATION: \$

VA Staff Receiving Donation (if other than CDCE): _____

Phone number: _____

CDCE OFFICE
USE

Computer
Input Date

Staff
Initials

ID#

File
Date

VOLUNTEER SIGN-IN

By signing below, these volunteers agree, for an indefinite period, with the following statement: "I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis". I understand that this waiver applies only to compensation for specific services rendered in the Voluntary Service Program and has no relation to any compensation for other services or benefits to which I may be entitled. (VA has entered into this agreement by the authority of 38 U.S.C., Section 513. Either party, upon written notification, may cancel this agreement.)

Only Sign-In on this form if you did NOT log these hours electronically or on a kiosk.

	PRINT NAME	HOURS	Registered Volunteers: Assignment / Organization
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			

VA Staff certifying hours (if other than CDCE): _____

Phone number: _____

Return form to CDCE: Fax: 813-903-4865 VHATAMCDCE@va.gov