



DONATION FORM

PLEASE PRINT - THIS SECTION TO BE COMPLETED BY DONOR

PLEASE ACCEPT THIS DONATION

Name of donor/organization: _____

Address of donor: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ email: _____

Type of Donation: Check (to Amarillo VA2K) Cash Item

Donor Stated Dollar (\$) Value: _____

Item Description: _____

Donor Signature: _____

In accordance with IRS regulations regarding donations, it is understood that such donations are unrestricted and I have not received any goods or service by VA in consideration, in whole, or in part, for this contribution.

On behalf of the Veterans and staff at the Amarillo VA Health Care System, we thank you for your support.
Amarillo VA Health Care System – Voluntary Service 135
6010 Amarillo Blvd West
Amarillo, TX 79106
806-355-9703 extension 7811

TO BE COMPLETED BY VA2K SITE REPRESENTATIVE RECEIVING DONATION

Date received: _____

VA staff/VA volunteer receiving donation (print name): _____

Received by: US mail or Hand delivered by: _____

RETURN COMPLETED FORM TO VA VOLUNTARY SERVICE-135

VSS Reference: VA2K VSS ID# _____ Acknowledgement date: _____

