



Select Facility

# Department of Veterans Affairs

## VAVS Donations

National Service Code: 286

TNSSAR Chapter Name: \_\_\_\_\_

Date: \_\_\_\_\_

SAR Compatriot / Individuals Name: \_\_\_\_\_

NSSAR # \_\_\_\_\_

Address: \_\_\_\_\_

### Donation Description

Enter Dollar Value    Select Donation Designation    Donation Designation Text Entry    Payment Type    Check #

#### Monetary Donations:

Details: \_\_\_\_\_

\_\_\_\_\_

Enter # of Items

#### Patient Comfort Items: *(Please NO glass)*

Details: \_\_\_\_\_

\_\_\_\_\_

Enter # of Items

#### Publications: Magazines: *(current within last 4 months)*

Details: \_\_\_\_\_

\_\_\_\_\_

Enter # of Items

Enter Dollar Value

#### Patient Clothing: *(New or Barely Worn Only)*

Details: \_\_\_\_\_

\_\_\_\_\_

Enter # of Items

Enter Original Cost in \$

33.336% of Original Cost

#### Other Items: *(TV's, Computer's, DVD Players, etc)*

Details: \_\_\_\_\_

\_\_\_\_\_

### Receipt of Donation

Note: This section to be completed by Voluntary Staff only.

Items inventoried and received by: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_