DEPARTMENT OF VETERANS AFFAIRS
Medical Center
718 Smyth Road
Manchester, New Hampshire 03104

Debra Krinsky, Voluntary Services Chief (603) 624-4366 Ext. 6419

Please fill in the information below so that we may acknowledge and record your donation/activity: (please print)

Donation

Organization Name:_____

Name of Person for Acknowledgement:_____Phone:_____

Street Address:_____

City:_____ State:_____ Zip Code:_____

Item(s) Donated:_____

Value of Donation:_____

Disposition of property received as a gift, devise or bequest

Signature:_____ Date:_____

I understand that my donation is unconditional unless otherwise agreed and that the VA may use, convert and dispose of my donation as it deems in the best interest of the Agency and veterans.

Recreation Activity

Date:_____ Activity:_____

Organization Sponsoring the Activity:_____

Contact Person:_____ Phone #:_____

Street Address:_____

City:_____ State:_____ Zip Code:_____

Volunteer Signature:_____ Date:_____

Donations:

Check #:_____Amount:_____Refreshments:_____Canteen Books:_____

Other:_____

Supervising Employee Signature:_____

Please list the names of the Volunteers if they have not been entered into the computer.

Name (please print)	Volunteer Code *	Number of Hours

Note:

* If you are an occasional volunteer please write **Occ.** in code column.