



In-Kind Donation Form

Last updated April 2014

Date: _____ VA Staff Receiving Donation: _____

Donor Information

Name of Donor (Org OR Ind): _____

Unit/Post (if applicable): _____

c/o Individual (if applicable): _____

Mailing Address: _____

Daytime Phone Number: _____

Donation Description

Please give a brief description of the item donated, including quantities; if items are new, include cost of purchase (use back or attachment as necessary):

-TO BE COMPLETED BY VAVS STAFF -

Donor Type: Organization*, Other Group, Individual **VSS ID #:** _____

*If Organization, VSS Listing: _____

Local Branch: _____

c/o (Add 1 Field): _____

Donation Type: Item or Activity

Amount (always round to nearest dollar - no 'cents': \$ _____

Reference: _____

What did we/will we do with the donation (to include in the Remarks field after describing what was donated): _____

Salutation Field: **A** or **S** (donated through American Lake or Seattle VAVS program)