

**ACKNOWLEDGEMENT OF MATERIAL DONATIONS**

Southern Arizona VA Health Care System  
3601 S. 6<sup>th</sup> Ave. (9-135)  
Tucson, AZ 85723  
(520) 629-1822

Please fill out all the information below that applies to you or your organization. If you need assistance, a Voluntary Service staff member will be glad to help you. **Please PRINT legibly** so we can better serve your needs. Thank you for your donation.

Date this form submitted \_\_\_\_\_ Date Donated \_\_\_\_\_  
Estimated Value of donation \_\_\_\_\_ Activity Donation Activity Donation  
Item(s) Donated \_\_\_\_\_

In Memory of (If Applicable) \_\_\_\_\_

Credit to organization (Name – If Applicable) \_\_\_\_\_

**DONOR INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Carbon Copy to (If Applicable) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

VAVS Representative (If Applicable) \_\_\_\_\_

**ITEM DONATED FOR:**

- |  |   |
|--|---|
| <input type="checkbox"/> Homeless Program        | <input type="checkbox"/> Blind Rehab                        |
| <input type="checkbox"/> Veterans Creative Arts  | <input type="checkbox"/> Hospice                            |
| <input type="checkbox"/> Comfort Cart            | <input type="checkbox"/> Recreation/Patient Activities      |
| <input type="checkbox"/> Stamp Club              | <input type="checkbox"/> GRC                                |
| <input type="checkbox"/> Substance Abuse Program | <input type="checkbox"/> Voluntary Service Staff Discretion |
| <input type="checkbox"/> Other _____             |   |

*Thank you for your donation. Every effort will be made to utilize the item(s) in the area indicated. If this cannot be done, we reserve the right to utilize the item(s) where they are needed.*