VA U.S. Department of Veterans Affairs

Sioux Falls VA Medical Center
2501 W. 22nd St.
Sioux Falls, SD 57105

Donations

Date:

Donor

Donated by: Organization/Post/Chapter Individual (Please circle one)

Organization or Individual's Name: _____

Address: _____

_____
City State Zip Code

Phone: _____

Donation Description

☐ Activity

# of Volunteer Hours: _____

Dollar Value of Refreshments: _____

Misc. Prizes: _____

_____

_____

_____

☐ Check ☐ Cash ☐ Money Order

Check Number: _____

Check Date: _____

General Post Fund # _____

Field Service Receipt #: _____

In Memory of: _____

Purpose: _____

or as needed for the benefit of Veterans: ☐

___ Item(s) Donated. Please give a brief description and **estimated value**: _____

_____

_____

_____

Disposition

Item(s) delivered to: _____

Received by_____

Ack Handed to Donor Ack Mailed to Donor Date: _____