



Department of Veterans Affairs



DONATION Intake Form

Date Donation Received: _____

BY: _____



Donor Information

Organization Name Unit/Post: NSDAR

Individuals Name _____

Mailing Address: _____

Daytime Phone Number in case we have questions: _____

Donation Description

**M
O
N
E
T
A
R
Y**

\$ _____ Donation Amount Check Cash Money Order

Check Number: _____ Check Date: _____ Receipt#: _____

Split (1) \$ _____ (2) \$ _____ (3) \$ _____

General Post Fund # _____ # _____ # _____

Earmarked: _____

In Memory of: _____

**I
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K
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D**

\$ _____ Total Estimated Value Item(s) OR Activity

Please give a brief description of the item(s) donated: _____

LR

-TO BE COMPLETED BY VAVS STAFF -

NLR

VSS DONATION # _____ DATE POSTED IN VSS: _____ EXCEL _____

Donor Wishes to receive Acknowledgement: Yes or No (circle One if NO do not send Letter)

Acknowledgement Date: _____ Mailed Handed to Donor

Disposition - what did we do with the in-kind donation/how was it used: