Voluntary Service
Columbus VA Outpatient Clinic
Donation Acknowledgment (Receipt)
"PLEASE PRINT"

Donor's Name _____

Phone Number ( ) _____

Organization _____

Acknowledgment Sent to _____

Address _____

City _____ State _____ Zip _____

I hereby donate the below item(s) to the Columbus VA Outpatient Clinic

_____ _____
Signature Staff Initials & Date

MONETARY DONATIONS / VAOC GPF# _____

Check# _____ Amount$ _____ Cash$ _____

Purpose or Use of Donation _____

OTHER NON-MONETARY DONATIONS / Please list ALL items

Total Value of Donated Items $_____

EQUIPMENT DONATIONS / Electrical or Mechanical

Equipment Name _____
Serial Number _____
Model Number _____
Manufacturer _____
Donation Service Location _____
Point of Contact _____ Telephone# _____

Total Value of Donated Item(s) $ _____

VAOC – November 2, 1999