



# CHARLOTTE HALL VETERANS HOME Donation / Volunteer Acknowledgement Form



**Return Completed Form to:**  
Ashley Radano: aradano@hmrmd.com / 301-884-8171 ext. 664  
29449 Charlotte Hall Road, Charlotte Hall, MD 20622  
\*Monetary donations sent attention to "MDVA"

### We appreciate your interest in serving our residents!

Though we cannot place a value, please provide the following information to receive an acknowledgement of your donation:

**Organization Name:** \_\_\_\_\_ **Post/Chapter/Unit:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Alt. Contact:** \_\_\_\_\_

**Other Organizations Involved:** Please provide name(s) and address(es) on the back of this form

### WHAT DID YOU DONATE?

★ **MONEY:**     **Donate ONLINE at [www.charhall.org](http://www.charhall.org)** or make checks payable to "**Charlotte Hall Veterans Home**"

Amount: \$ \_\_\_\_\_      Check No.: \_\_\_\_\_      Gift Card: \_\_\_\_\_

In memory of: \_\_\_\_\_ (Name will be added to memorial wall in lobby)

**Funds to be used for:**

Any (VAF – Veterans Assistance Fund)      Activities      Clothing Store      Medical Equipment

Special Projects: \_\_\_\_\_      Other: \_\_\_\_\_

★ **GOODS:**     Preferred donation hours are Monday - Friday between the hours of 8:00 am - 4:00 pm

Are these items:      **New** (please provide a receipt for our records)

**Used** (we **do not** accept used medical equipment, travel sizes, VHS tapes, or home-baked goods)

Clothing: \_\_\_\_\_      Toiletries: \_\_\_\_\_

Games      Puzzles      DVD's      CD's      New Electronics: \_\_\_\_\_

Other: \_\_\_\_\_

★ **SERVICES:**     Please tell us about the time or services you donated to Charlotte Hall Veterans Home

Name of Event/Activity: \_\_\_\_\_     Date/Time: \_\_\_\_\_

What service was provided: \_\_\_\_\_     Number of volunteers participating: \_\_\_\_\_

Event held outside CHVH     Staff member coordinating event: \_\_\_\_\_

**For staff use only:**

Received By: \_\_\_\_\_     Date: \_\_\_\_\_

Number of residents participating: _____	Length of event: _____	Worth: _____
Number of staff participating: _____	Total volunteer hours: _____	