

# CHARLOTTE HALL VETERANS HOME

## DONATION FORM

### Return Completed Form to State Office – D Wing

Charlotte Hall Veterans Home appreciates your interest in helping the residents. We can only accept items in good condition. If you have any questions regarding items you would like to donate please call Katie Coughlan, Director, Volunteer/Community Outreach at 301-884-8171, Ext. 483. We are not allowed to put a monetary value on any items donated. However, you will receive an acknowledgement of your donation.

|   |               |   |               |
|---|---------------|---|---------------|
| <b>Name/Organization:</b> (Please complete entire form) <b>Email:</b> _____   |               |   |               |
| <b>Contact Person:</b>  |               |   |               |
| <b>Address:</b>   |               |   |               |
| <b>City:</b>  | <b>State:</b> | <b>Zip:</b>                                   | <b>Phone:</b> |
| <b>Item(s) or Services Donated</b>  |               |   |               |
| <b>Check all boxes that apply</b>   |               | <b><u>Specifics of Donation</u></b>           |               |
| <i>Cash/Check Donation</i> - Amount _____ Check # _____ Cash _____  |               |   |               |
| <b><u>To be used for:</u></b>   |               |   |               |
| Activities: _____ Bingo: _____ CHVH Veterans Assistance Fund: _____ Clothing: _____   |               |   |               |
| Decorating: _____ Equipment: _____ Final Honors: _____ Gift card: (include store name): _____   |               |   |               |
| Grounds: _____ Medical Equipment: _____ Resident Internet/Computers: _____  |               |   |               |
| Special Events: _____ Special Projects: _____ TV's: _____   |               |   |               |
| <b><i>Items Donated:</i></b>  |               |   |               |
| Books: _____ Clothing: _____ DVD's/CD's: _____ Games/Puzzles: _____ New Electronics (lap tops, DVD player etc.): _____ New TV's (flat screen) _____ Toiletries: _____ Other (list): _____ |               |   |               |
| <b><i>Event/Activity (inside/outside CHVH) Staff member scheduling event:</i></b> _____   |               |   |               |
| <b>Date of Event:</b>   |               | <b>Time of Event:</b> <b>a.m.</b> <b>p.m.</b> |               |
| <b>Number of residents participating:</b>   |               | <b>Provide names on separate sheet.</b>       |               |
| <b>Received By:</b>   |               | <b>Date:</b>                                  |               |

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