



CHARLOTTE HALL VETERANS HOME
Donation / Volunteer Acknowledgement Form

Return Completed Form to:

Sade Herbert:sade.herbert@pruitthealth.com / 301-884-8171 ext. 5143
29449 Charlotte Hall Road, Charlotte Hall, MD 20622
*Monetary donations sent attention to "MDVMF"

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:**

Make checks payable to "**Charlotte Hall Veterans Home, MDVMF**"

Amount: \$ _____ ☐ Online/Check No.: _____ ☐ Gift Card: _____

☐ In memory of: _____

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, 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: _____

Number of staff participating: _____

Length of event: _____

Total volunteer hours: _____

Worth: _____