

CHARLOTTE HALL VETERANS HOME





____ (SJ)

Return Completed Form to:

Activity Department/ 301-884-8171 ext. 5143 29449 Charlotte Hall Road, Charlotte Hall, MD 20622 *Monetary donations 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 or make checks payable to "Charlotte Hall Veterans Home" Amount: \$ ☐ Check No.: _____ ☐ Online ☐ In memory of: _____ ☐ Gift Card_____ 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: _____ Number of staff participating: Total volunteer hours: _____ MDVA - Revised 7.12.21