



CHARLOTTE HALL VETERANS HOME Donation / Volunteer Acknowledgement Form



Return Completed Form to:
Sandie Johnson: sjohnson@hmrmd.com / 301-884-8171 ext. 5144
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: _____
Number of staff participating: _____

Length of event: _____
Total volunteer hours: _____

Worth: _____