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**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 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: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 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, 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: \_\_\_\_\_\_\_\_\_\_\_\_

MDVA – Revised 3.1.17 \_\_\_\_\_ (AR)