

**ACKNOWLEDGEMENT OF MATERIAL DONATIONS**

Southern Arizona VA Health Care System  
3601 S. 6<sup>th</sup> Ave. (2-135) Tucson, AZ 85723  
Office: (520) 629-1822 Fax: (520) 629-1753

Please fill out all the information below that applies to you or your organization.  
If you need assistance, a Voluntary Service staff member will be glad to help you.  
**Please PRINT legibly** so we can better serve your needs. Thank you for your donation.

Date This Form Submitted: \_\_\_\_\_ Date of Donation: \_\_\_\_\_

Estimated Value of Donation: \_\_\_\_\_ Activity Donation: \_\_\_\_\_

Items Donated: \_\_\_\_\_

In Memory of: \_\_\_\_\_  
(If Applicable)

Credit to Organization: \_\_\_\_\_  
(Name – If Applicable)

**DONOR INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Carbon Copy to: \_\_\_\_\_  
(If Applicable)

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

VAVS Representative: \_\_\_\_\_  
(If Applicable)

**ITEM DONATED FOR:**

Homeless Program

Blind Rehab

Veterans Creative Arts

Hospice

Comfort Cart

Recreation/Patient Activities

Stamp Club

Community Living Center

Substance Abuse Program

Rehabilitation & Transitional Care (RTC)

Fisher House

Voluntary Service Staff Discretion

Other

***Thank you for your donation.***

***Every effort will be made to utilize the item(s) in the area indicated.***

***If this cannot be done, we reserve the right to utilize the item(s) where they are needed.***