



St. Louis VAHCS Donation Form

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Please complete donor information

Donor name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

.....
Please check appropriate box(es) for your contribution
and fill out that section

Activity: _____ **Date:** _____
Canteen Books: \$ _____ Refreshments: \$ _____
Prizes/gifts: \$ _____
Total for activity: \$ _____

.....
 Monetary amount: \$ _____ **Check** _____ **Cash** _____
Check # _____ Check date: _____
GPF # _____ Receipt # _____
In memory of: _____
Donation to be used to support: _____

.....
 Item donations description: _____

Estimated value: \$ _____

.....
For office use only

Delivered to: _____ By: _____

Received by: _____

Date received: _____

Date form received in volunteer office: _____
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Mail to: St. Louis VAHCS, JC Division 135/JC, 915 N. Grand Blvd., St. Louis, MO 63106
OR St. Louis VAHCS, JB Division 135/JB, 1 Jefferson Barracks Dr. St. Louis, MO 63125