



Department of Veterans Affairs

Bay Pines VA Healthcare System  
Bay Pines/Ft. Myers/Dunedin/Ellenton/Sarasota/  
Port Charlotte/Naples/Sebring  
St. Petersburg

## Donations

Date: \_\_\_\_\_

### Donor

Donated by:    Organization/Post/Chapter    Individual    (Please circle one)

Organization/Individual's Name: \_\_\_\_\_

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

### Donation Description

Activity

Dollar Value of Canteen Books: \_\_\_\_\_

Dollar Value of Refreshments: \_\_\_\_\_

Misc. Prizes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check     Cash     Money Order

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_

General Post Fund # \_\_\_\_\_

Field Service Receipt #: \_\_\_\_\_

In Memory of: \_\_\_\_\_

Designation: \_\_\_\_\_

Item(s) Donated. Please give a brief description and **estimated value**: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Disposition

Item(s) delivered to: \_\_\_\_\_

Received by \_\_\_\_\_

Ack Handed to Donor

Ack Mailed to Donor

Date: \_\_\_\_\_

**Recreation Volunteer Sign-in Data Sheet**

<b>Activity:</b>		
<b>Place/Ward:</b>	<b>Time:</b>	<b>Date:</b>

**Names of Regularly Scheduled Volunteers:** (Volunteers donating time at least once per month)

- (1) \_\_\_\_\_ (14) \_\_\_\_\_
- (2) \_\_\_\_\_ (15) \_\_\_\_\_
- (3) \_\_\_\_\_ (16) \_\_\_\_\_
- (4) \_\_\_\_\_ (17) \_\_\_\_\_
- (5) \_\_\_\_\_ (18) \_\_\_\_\_
- (6) \_\_\_\_\_ (19) \_\_\_\_\_
- (7) \_\_\_\_\_ (20) \_\_\_\_\_
- (8) \_\_\_\_\_ (21) \_\_\_\_\_
- (9) \_\_\_\_\_ (22) \_\_\_\_\_
- (10) \_\_\_\_\_ (23) \_\_\_\_\_
- (11) \_\_\_\_\_ (24) \_\_\_\_\_
- (12) \_\_\_\_\_ (25) \_\_\_\_\_
- (13) \_\_\_\_\_ (26) \_\_\_\_\_

Total Number of Regularly Scheduled Volunteers: \_\_\_\_\_

Total Number of Occasional Volunteers: \_\_\_\_\_

<b>RETURN FORM TO VOLUNTARY SERVICE, 135!!!!</b>	_____ Signature of Volunteer in Charge:
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