

**Southeast Louisiana Veterans Health Care System  
2400 Canal St.  
New Orleans, LA 70119  
Voluntary Service  
Phone (504) 507-2033**

Date:

Subj: Record of Donation

To: Chief, Voluntary Service (00BA)

Name & Address of Donor:

Organization Affiliation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

In an effort to reduce postage cost, the Voluntary Service Office at the Southeast Louisiana Veterans Health Care System will send donation letters back to the donor by e-mail when possible.

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

Funds Donated:  Cash Amount \$ \_\_\_\_\_

Gift Card: Amount \$ \_\_\_\_\_

Check #: Amount \$ \_\_\_\_\_ Dated: / /

Estimated Value

Items Donated:

\_\_\_\_\_ # of \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ # of \_\_\_\_\_ \$ \_\_\_\_\_

Acknowledgment copy to: \_\_\_\_\_

Staff Member accepting donation: \_\_\_\_\_

Title: Work assignment location: \_\_\_\_\_

Please return this form to Voluntary Service for processing by either fax or mail. If you have any questions regarding donations please feel free to contact our office at the phone number above.