



As part of the Adopt-A-VA program your donations are needed to support our Veterans. Please complete this form and submit with your donation to your local VA Facility. When possible provide counts of items donated.

Date: _____

Name: _____

Organization: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

Email: _____

Donated Items (Please provide estimated counts if possible)

Move In Essentials (paper towels, deodorant, razor blades, bath towels, mops, brooms, etc.)

Furniture _____

Small Appliances _____

Linens, Pillows, etc. _____

Kitchen Items: (pots and pans, dishes, flatware, mixing bowls, etc.)

Clothing: _____

Other: _____

Please feel free to attach listing of added donated items if necessary.

Estimated value of donations: \$ _____

Est. Volunteer Hours: _____