

PORTLAND ORIGINAL TO VOLUNTARY SERVICE P4VOL Donation Sheet

Portland/Vancouver Division VA Medical Center – Station 648

Department of Veterans Affairs
 Voluntary Service (P-4-VOL)
 3710 SW US Veterans Hospital Road
 PO Box 1034
 Portland, OR 97239-1034

Notice: If you would like to receive a receipt for tax purposes for this donation please indicate by checking this box.

Yes

Donor Name: Mr. **PLEASE PRINT**

Mrs. _____ / ____ / ____ (Date)

Ms. _____ / ____ / ____

Miss _____ / ____ / ____

(First) (MI) (Last)

_____ / _____ / _____ / _____

Address City State Zip

Donor Organization: _____ / _____

(Name of Organization) (Unit # - Post # - Chapter # - Name)

Donation Type: Materiel-Item Activity

Note: All Cash and Check donations are to be given to the Voluntary Service secretary.

Donation-Activity	Value	Donation-Activity	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Donation Posted _____ Letter Sent _____ Total _____

Reverse Side

Volunteer Hours

Note: Due to regulations written by Voluntary Service Central Office only hours accrued on VA Sites are be accepted.

Regular Scheduled Volunteers

DATE: _____/_____/_____

Volunteer Name

Hours

IF YOU HAVE ENTERED HOURS IN TO THE VSS COMPUTER DO NOT WRITE YOUR NAME HERE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Hours Posted _____

DATE: _____/_____/_____

Occasional Volunteers

Hours

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Hours Posted _____