



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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