

NEW HAMPSHIRE VETERANS HOME

DONATION FORM

THANK YOU FOR YOUR THOUGHTFUL DONATION. PLEASE PROVIDE US WITH THE INFORMATION LISTED SO WE CAN PROPERLY ACKNOWLEDGE YOUR DONATION. THIS FORM MUST BE COMPLETED IN ORDER FOR THE VETERANS HOME TO ACCEPT YOUR DONATION.

NAME OF DONOR: _____

NAME OF ORGANIZATION, GROUP, BUSINESS, ETC.:

COMPLETE MAILING ADDRESS:

ITEM(S) DONATED:

ESTIMATED VALUE: _____

SIGNATURE OF DONOR: _____

TODAY'S DATE: _____

FOR NHVH STAFF USE ONLY

LOCATION OF DONATION: _____

SIGNATURE OF EMPLOYEE
ACCEPTING DONATION: _____