VAVS DONATION INFORMATION

RECEIVING STATE/VA FACILITY: _____

DONOR NAME: _____

DONOR ADDRESS: _____

ASSEMBLY/COUNCIL/AUXILIARY NAME: _____

CONTACT PERSON: _____ **TELEPHONE NUMBER:** _____

ITEM DONATED	QUANTITY	EST. VALUE ($)

TOTAL NUMBER OF ITEMS DONATED/VALUE ($) ========== ==========

TOTAL HOURS REPORTED_____

_____ _____

SIGNATURE OF STAFF MEMBER ACCEPTING DONATION **DATE**

MAIL COMPLETED FORM PROMPTLY TO FLORIDA VAVS : HERBERT SWOOPE
3832 BELLEWATER BLVD. RIVERVIEW FL. 33578 E-mail hswoope&msn.com

Florida VAVS Form 1 (make copies of form as needed)