



Department of Veterans Affairs

ALBUQUERQUE FISHER HOUSE  
BUILDING 85  
1501 San Pedro Drive SE  
Albuquerque, NM 87108  
(505-265-1711 X3180)

### DONATIONS / ACTIVITIES

One (1) Form per Organization or Group, including Auxiliaries

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*For Item(s) Donated – Please give a brief description:*

Toiletries: \_\_\_\_\_

Clothing Items: \_\_\_\_\_

Seasonal Cards: \_\_\_\_\_

Magazines/Books: \_\_\_\_\_

Food Items: \_\_\_\_\_

Other: \_\_\_\_\_

*For Activities –*

*Please indicate the type of activity in addition to any items listed above:*

Bingo \_\_\_\_\_

Food \_\_\_\_\_

Entertainment \_\_\_\_\_

Other: \_\_\_\_\_

Area/Ward of Activity: \_\_\_\_\_

Date & Time of Activity: \_\_\_\_\_

**ESTIMATED TOTAL VALUE:**                      \$ \_\_\_\_\_

**\*\*VOLUNTEER SIGN IN ON REVERSE\*\***

DONORS

DONORS

OFFICE  
USE

Computer Input Date \_\_\_\_\_ Initials \_\_\_\_\_ ID# \_\_\_\_\_ File Date \_\_\_\_\_

TY Handed to Donor