



DEPARTMENT OF VETERANS AFFAIRS
 John D. Dingell Medical Center (00CO-VCR)
 4646 John R
 Detroit, MI 48201-1932
 313-576-3332

Record of Donation

DATE _____

NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP
ORGANIZATION:		POST/CHAPT NUMBER:

Dear Donor(s):

On behalf of the patients of the John D. Dingell VA Medical Center, we would like to thank you for donating the following to our medical center:

MONETARY		
NAME OF DONOR	General Post Fund	Amount
In Memory of:		

IN-KIND (Non-Monetary)		
ITEM	HOW MANY?	ESTIMATED VALUE (to nearest Dollar amount)

We wish to emphasize that your continuous support of our hospitalized Veterans is important to maintain the comfort and quality of life they so richly deserve. Thank you for your kindness as it is greatly appreciated.

Sincerely,

William R. Browning
 Chief, Volunteer and Community Relations

FOR OFFICE USE ONLY				
LOGGED INTO VSS:	YES	NO	THANK YOU LETTER SENT:	YES NO DATE: _____

The John D. Dingell VA Medical Center did not provide the donor any goods or services in consideration in whole or in part for the above contribution.