

## **Department of Veterans Affairs**

## Veterans Health Care System of the Ozarks Fayetteville, Arkansas

Donation	ns Form	<b>.</b>		
Cash / Check	Non-0	asn	Date:	
	Donor Information			
Donated by: (Please circle one)	Organization/Post/C	napter	Individual	
Organization/Individual's Name:				
	(Please Print)	4		
Mailing Address:	and the second		all and the second s	
City/State/Zip:				
Person Delivering Item:				
Designated Use of Cash Donation:	<u></u>			
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	(Please Print)			
	Donation Information	6 - State 1		
Please list - give a brief descriptio	n		Estimated value	
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