CDCE
VA Center for Development & Civic Engagement

Cheyenne VAHCS CDCE DONATION FORM

☐ Check this box if you are making an anonymous donation

Donation Date:

Name: _____Organization Name: _____

Address: _____ City/State/Zip: _____

Email Address: _____ Phone #: _____

Type of Donation *(fill out applicable information* *****if it is an item fill out below**)***

Cash Amount $_____ Check Number _____ Amount $ _____

In Memory of (if applicable): x _____

Intended for (*Circle One that applies to the donation)*:

General Homeless Program Landscaping Community Living Center Caregiver

RRTP Transportation Special Arts Vet Center (Casper/Ft. Collins/Cheyenne) Social Work

Circle One

Item(s) Give a brief description and estimated value of each item:

_____

_____

_____

Estimated Total Value $ _____

Office Use Only

Total Monetary Donation: $_____Donation ID # _____

FCP/GPF Deposited into: _____

VA Staff Receiving Donation: _____

VA Cashier Agent Signature: _____ Date: _____

* **NO GOODS OR SERVICES WERE PROVIDED BY VA IN RETURN FOR THIS CONTRIBUTION**

****3. DISPOSITION OF DONATIONS**

March 18, 2024 VHA DIRECTIVE 4721(1)
APPENDIX B
b. A VHA employee accepting a cash donation must prepare, in duplicate, a VA Form 10-2815, Temporary Receipt for Funds. The original must be given to the donor and a copy delivered with the cash donation to the Agent Cashier. If the Agent Cashier is unavailable, a copy of the original form and the donation must be locked in a safe until the funds can be turned over to the Agent Cashier. NOTE: For the proper disposition of mailed donations, reference Financial Policy, Volume VIII, Chapter 3Agent Cashier Accountability Policy. VA Form 10-2815 is automatically generated in the Voluntary Service System (VSS) Donations package.