

Please accept this donation to the Northport VA Medical Center

For the amount of _____

In memory of (optional) _____

I would like this donation to be earmarked for (please check one)

General needs of patients (most accessible to current needs of patients)

Homeless Veterans Blind Veterans Support

Woman's Wellness Other (please Specify) _____

Please send acknowledgements to the following recipients:

Name _____

Street _____

City _____

ZIP Code _____

Name _____

Street _____

City _____

ZIP Code _____

Please make checks out to **VAMC**. Indicate on the "NOTE" section of the check the area which you would like funds earmarked (same as above).

Please mail donations to: **VAMC**
79 Middleville Road
Northport, NY 11768
Attention: Voluntary Service 135