Soldiers’ Angels

Donors: Please fill out the fields marked in yellow. Thank you!

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| --- | --- |
| Incoming | Outgoing/Date: |
| |  | | --- | | Donor Name: | | Phone: | | Address : | | Email : | | **Soldiers’ Angels Representative: M. Phillips**  **Phone:**  **Email: mphillips@soldiersangels.org** |
| |  | | --- | | Date of Donation | | Contact Person | | Phone | | |  |  | | --- | --- | | VA/Other delivered to: | **to: Landstuhl Regional Medical Center** | |  |  | |

| Qty. | Description of item | SVG | #exp | Date expensed | Value per item | Total Value |
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|  |  |  |  | **Total Value of Donation** | |  |
| **Donor Signature: Postage** | | | | | |  |
| SA Representative Signature: Grand Total | | | | | |  |