

Abe Wolkofsky, Bronx Chapter #23

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Bronx County Chapter #23

P.O. Box 561 Bronx, New York 10468-0708

YEARLY DONATION VERIFICATION

MISSION:

Fulfilling our promises to the men and women who served.	
· · · · · · · · · · · · · · · · · · ·	ns to lead high-quality lives with respect and dignity. We can access the full range of benefits available to then; fighting for ad educating the public about the great sacrifices and needs of
NAME OF DONOR/DAV ID#	DATE
TOTAL DONATION (DAV CHAPTER 23)	
\$	
HOSPITAL FUND DONATION	GENERAL FUND DONATION
\$	\$
OTHER DONATIONS	YEAR OF DONATION
\$	
NAME OF ADJUNT	NAME OF TREASURER
VERIFICATION OF DONATION BY ADJUTANT	VERIFICATION OF DONATION BY TREASURER
YES NO	YES NO NO
VERIFICATION OF COMMANDER	NAME OF COMMANDER
YES NO	
I verify that all donations were provided by the above na	ame individual.
Print name & Signature	Date