

Business Name

City, State, Zip

Amount

Designated Grant Form 2023-24

Thank you for your outstanding support of BVL and the veterans we serve. We value the important role you play in helping us achieve our goal to brighten veterans lives. BVL provides funding for recreation therapy programs that are not covered by government funding – programs that are instrumental to the recuperation of America's wounded heroes. *Please consider allocating a portion of your funds to BVL National so that we can continue these vital programs throughout the U.S.*

Name of Your Organization/Company:

Contact Name	
Address	
City, State, Zip	
Email	
Total Donation Amount: \$ Amount to BVL National: \$ Please allocate this amount to BVL National Other Designated Funds: If desired, please indicate which facilities you would like funds to be sent.	
Facility	ius. Ij desireu, piedse indicate wnich jacinties you would like junus to be sent.
Contact	
Address	
City, State, Zip	
Amount	\$
Facility	
Contact	
Address	
City, State, Zip	
Amount	\$
Facility	
Contact	
Address	

Grant Checks: How you would like the grant checks to be sent and/or presented?

Please note that grant check must be deposited within 90 days.

I/we would like the grant check(s) mailed to our organization so it may be personally presented.

(Y/N) regular-sized check(s) to present to the facility

(Y/N) **oversized** check(s) to present to the facility (best for a photos to share!)

Mail a check directly to the VA facility(s) listed above.