



# DESIGNATED GRANT FORM

Thank you for your outstanding support of BVL and the veterans we serve. BVL provides funding for therapy programs that are not covered by government funding – programs that are instrumental to the recuperation of America’s wounded heroes. ***We kindly ask that you allocate a portion of your funds to BVL National so that we can continue these vital programs.***

<b>ORGANIZATION / COMPANY</b>	
<b>Contact</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Email</b>	
<b>Phone</b>	

**Total Donation Amount:** \$ \_\_\_\_\_  
**YES! Please allocate \$ \_\_\_\_\_ to BVL National (or \_\_\_\_\_ % of the total)**

**OTHER DESIGNATED FUNDS:** As desired, please indicate which facilities you would like funds to be sent. **In order to send a grant check, you must provide BVL with following information about the facility:**

- EIN (Employment Identification Number)
- Tax/Charity Filing [such as: 501(c)3 or Fed/State Gov.]

<b>FACILITY</b>			
<b>EIN</b>		<b>Tax/Charity Filing</b>	
<b>Contact</b>			
<b>Address</b>			
<b>City, State, Zip</b>			
<b>Amount</b>	\$		

<b>FACILITY</b>			
<b>EIN</b>		<b>Tax/Charity Filing</b>	
<b>Contact</b>			
<b>Address</b>			
<b>City, State, Zip</b>			
<b>Amount</b>	\$		

**How you would like the grant checks to be sent and/or presented?**

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

(Y/N) Please mail the grant check(s) to our organization so it can be personally presented.

(Y/N) Include an oversized check(s) for presentation (best for a photos to share!)

OR

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

**PLEASE RETURN THIS FORM TO THE BVL OFFICE. YOU MAY SEND IT BY MAIL OR VIA EMAIL:**

BVL || 11350 Random Hills Road, Ste 800 || Fairfax, VA 22030 || 703.934.6039

[info@BVL.org](mailto:info@BVL.org) || [www.BVL.org](http://www.BVL.org)

*Your request will be processed within 30 days.*