



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.***

ORGANIZATION / COMPANY	
Contact	
Address	
City, State, Zip	
Email	
Phone	

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.]

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

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

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

jessica@BVL.org || www.BVL.org

Your request will be processed within 30 days.