

Donation Form
Texas State Veterans Cemetery
Texas Veterans Land Board
Texas General Land Office
Cemetery Donation Account

I wish to make a gift grant or do	nation to the (Select One):				
☐ TEXAS STATE VETERANS CEMETERY AT ABILENE (ABILENE)		COASTAL BEND STA	COASTAL BEND STATE VETERANS CEMETERY (CORPUS CHRISTI)		
☐ RIO GRANDE VALLEY STATE VETERANS CEMETERY (MISSION)		☐ CENTRAL TEXAS STA	☐ CENTRAL TEXAS STATE VETERANS CEMETERY (KILLEEN)		
☐ WEST TEXAS STATE VETERANS CEM	ETERY (LUBBOCK)				
operation of Texas State Veterans Ce furnishing, or equipping of the Texas	es Code, Section 164.005, the Commiss metery (TSVC), may accept gifts to be us s State Veterans Cemeteries. Donations xas Veterans Land Board for public purples Board is 74-2463347.	sed for the welfare, support, acq s may be made in the form of U.S	uisition, construction, operation, construction, operation of the contract of	on, enlargement, improvement, es, real property, or personal	
My gift, grant, or donation is purely donated monies or property to the	y voluntary, and I have no expectation o e Texas Veterans Land Board.	of compensation. By making this o	donation, I hereby grant all righ	nts, title, and interest in the	
It is my intention that this gift, gra	ant, or donation be used for the purpo	se of (Select One):			
General Operations	☐ Unclaimed/Homeless V	/eterans (i.e., Urns, Flowers, etc.))	onument or Memorial	
Other (Specify):					
Note: Funds donated to general ope	erations will be used to support the oper	ations of the facilities and obligati	ions of the cemetery.		
I househousift sugart ou doubte the	following (Salast One):				
I hereby gift, grant, or donate the	following (Select One):				
U.S. Currency: \$					
Marketable Securities:	Type of Marketable Security:				
Amount of Security: \$		Approximate Value: \$	>		
Personal Property (All donate	ed personal property must be approved				
Date of Donation:	Description:	.,	,		
Make:	Model:	S	Serial Number:		
Estimated Current Value:				☐ Photos Attached	
Name of Individual, Company, or C)rganization:				
Street Address:					
City:	State:	Zip Code:	Telephone Numbe	r: () -	
Donation in Memory of (if applicab	ole):				
Signature and Title of Donor:			Date:		
Signature Cemetery Director:			Date:		
For Internal Use Only					
TSVC PROGRAM DIRECTOR:	Date:				
VLB EXEC SECRETARY:	Date:				
COMPLIANCE:	Date:				
GENERAL COUNSEL:	Date:				
DEPUTY LAND COMMISSIONER:	Date:				
CHIEF CLERK:	Date:				