



**DONATION FORM**  
Texas State Veterans Cemetery  
Cemetery Donation Account

As provided by the Natural Resources Code, Section 164.005, the Commissioner of the Texas General Land Office, as the executive of the state agency responsible for the operation of Texas State Veterans Cemetery (TSVC), may accept gifts to be used for the welfare, support, acquisition, construction, operation, enlargement, improvement, furnishing, or equipping of the Texas State Veterans Cemeteries. Donations may be made in the form of U.S. currency, marketable securities, real property, or personal property. *Donations made to the Texas Veterans Land Board for public purposes are tax deductible pursuant to Internal Revenue Code 170(c) (1). The tax identification number for the Texas Veterans Land Board is 74-2463347.*

My gift, grant, or donation is purely voluntary, and I have no expectation of compensation. By making this donation, I hereby grant all rights, title, and interest in the donated monies or property to the Texas Veterans Land Board.

All gifts, grants and donations will be used for the improvement and enhancement of the Texas State Veterans Cemeteries. By completing this form, the donor acknowledges that the gift, grant, or donation be used for the purposes mentioned above.

**If the gift, grant or donation is for a specific purpose or location, please state it below.**

**I hereby gift, grant, or donate the following:**

U.S. Currency:    \$ \_\_\_\_\_

Personal Property (i.e., Urns, Flowers, Plaques, etc.) \_\_\_\_\_

Cemetery Location: \_\_\_\_\_

Purpose or Description (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Donor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only**

Cemetery Director: \_\_\_\_\_ Date: \_\_\_\_\_

On-Site Representative: \_\_\_\_\_ Date: \_\_\_\_\_

TSVC Deputy Director: \_\_\_\_\_ Date: \_\_\_\_\_

Office of General Counsel: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Office: \_\_\_\_\_ Date: \_\_\_\_\_