Donation Form
Texas General Land Office
Texas State Veterans Cemetery · Texas Veterans Land Board
CEMETERY DONATION ACCOUNT

This is a donation to the:

☐ TEXAS STATE VETERANS CEMETERY AT ABILENE (ABILENE)
☐ COASTAL BEND STATE VETERANS CEMETERY (CORPUS CHRISTI)
☐ RIO GRANDE VALLEY STATE VETERANS CEMETERY (MISSION
☐ CENTRAL TEXAS STATE VETERANS CEMETERY (KILLEEN
☐ WEST TEXAS STATE VETERANS CEMETERY (LUBBOCK)

As provided by the Natural Resources Code, Sec. 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 welfare and for the support, acquisition, construction, operation, enlargement, improvement, furnishing, or equipping of the 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 (VLB) for public purposes are tax deductible pursuant to Internal Revenue Code 170(c)(1). The tax identification number for the VLB is 74-2463347.

Donor gifts the following (check one):

☐ Monetary donation in the amount of: $_____ ☐ Personal property/goods. Approx. value: $_____

Description:

Donations are purely voluntary and donors should have no expectation of compensation. By making this donation, all rights, title, and interest in the donated monies or property is granted to the Texas Veterans Land Board.

This donation is to be used for the purpose of:

☐ Welfare, Recreation, Social Events, Patriotic Materials, Memorials, and/or Monuments

☐ General Operations

☐ Other: _____

Donation is from a:

☐ Private individual. Name and address: _____

☐ Company. Name, address, and Tax ID number *(if known)*:

☐ Non-Profit. Name and address:_____

Comment: _____

Signature and Title of Donor		**Date:**	
On-Site Representative Signature:		**Date:**	
NOTE: The below signatures are only required for donations that need immediate approval and are an exception to the monthly approval process.			
Director Signature:		**Date:**	
VLB Executive Secretary:		**Date:**	
OGC Signature:		**Date:**	
General Counsel Signature:		**Date:**	
Deputy Chief Clerk Signature:		**Date**	
Chief Clerk Signature:		**Date:**	