



# Walter Reed National Military Medical Center Warrior & Family Coordination Cell

## Gift Donation Submission Form

This form is for use by WRNMMC to receive, for consideration, gifts offered to Wounded, Ill, and Injured (WII) Service Members receiving care at WRNMMC and or gifts offered to WRNMMC for distribution either as specified by donor or as determined by WRNMMC Director.

WII are those Service Members on Active Duty who incurred illness or injury in accordance with DoD 5500.7-R.

**\*\*\* This proffer is subject to legal review and therefore, must be specific and complete. Additional goods, services, visitors, etc. not specified in this proffer will not be accepted. \*\*\***

### SECTION I: General Information

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**1. Please specify the nature of your gift (select all that apply).**

Well-Wish Visit

Donation\*

Event

*\*If items are distributed by the donor, then it is considered an event.*

**2. Requested date of gift delivery: \_\_\_\_\_**

**3. Please provide the following information.**

Name of donor/organization: \_\_\_\_\_

Donor point of contact:

Full Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Detailed description of the gift: \_\_\_\_\_

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Estimated total dollar value of the gift: \$ \_\_\_\_\_

**4. Please specify for whom the gift is intended (complete all that apply).**

Wounded, Ill, and Injured (WII). Specify number of WII, if limiting. \_\_\_\_\_

Family members of WII. Specify number of family members, if limiting. \_\_\_\_\_

WRNMMC for distribution as determined by WRNMMC Director.

WRNMMC for distribution as specified by donor. Specify for whom your gift is intended. \_\_\_\_\_

SECTION II: Event Information

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**1. Number of participants:**

Maximum: \_\_\_\_\_

Minimum: \_\_\_\_\_

**2. Total participant count due by (date):** \_\_\_\_\_

**3. Location of event delivery:** \_\_\_\_\_

**4. Date of event delivery:** \_\_\_\_\_

**5. Time of event delivery (from – to):** \_\_\_\_\_ - \_\_\_\_\_

**6. Dress requirement (if applicable):** \_\_\_\_\_

**7. Will fundraising take place in conjunction with the delivery of the event?**      **Yes**                      **No**

**If yes, please specify.** \_\_\_\_\_

**8. If transportation is required to fulfill the gift, will your organization provide?** Please note, events that require transportation are more easily accepted by WRNMMC when transportation is provided by your organization.

N/A              Yes              No              **If yes, please specify pick-up time.** \_\_\_\_\_

If no, are you requesting WRNMMC provide transportation with gift funds?      **Yes**                      **No**

If yes, please note that WRNMMC's transportation support is dependent on availability of:

- 1- Limited gift funds and
- 2- At least 10 WII and/or non -WII participate and
- 3- Event is within 50 miles of WRNMMC and
- 4- Cost of transportation does not exceed fair market value of gift.

**9. Are WRNMMC attendants required to fulfill the event?** Please note, events where attendants are not requested or needed are easier to accept.

N/A              Yes              No

**If no, will your organization provide personnel to ensure command and control of the event?**

N/A              Yes              No

**If yes, please note assignment of medical/staff attendant is the exception, not the rule**

- 1-Each event is reviewed on a case by case basis*
- 2-Assignment of attendant requires senior leadership approval*
- 3-If deemed necessary and attendant available, WRNMMC will assign attendant at government expense*

**10. Is media coverage anticipated?**      Yes                      No

*If yes, you must obtain clearance from WRNMMC's Office of Public Affairs at 301.295.5727. In accordance with Health Insurance Portability and Accountability Act (HIPAA), at no time will pictures, personal identifying information, or personal health information (PII/PHI) appear in any manner in organization literature, internet, or organization websites.*

**11. Is the sponsor of the gift a contractor with, or seeking to do business with, the U.S. government?**

Yes                      No

*If yes, please clarify the sponsor's relationship with the U.S. government or WRNMMC. \_\_\_\_\_*

**12. Please state whether alcoholic beverages will be available.**      Yes                      No

*If yes, WII may NOT partake due to potentially hazardous drug interaction.*

**13. If base access is required for the event, please provide the following information:**

Date of Access

Guess Last, First Name as it shows in the Government Issue identification (alphabetical order):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Company (if they represent a company): \_\_\_\_\_

Destination on Base: \_\_\_\_\_

POC Last, First Name: \_\_\_\_\_

POC Desk Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

**Please use the space below for any further information you wish to provide.**