FORT BELVOIR ARMY COMMUNITY SERVICE

2025 OPERATION SUGARPLUM DONOR FORM

PRIVACY ACT STATEMENT

PRINCIPAL: To collect data necessary toenrollDOD personnel and their family members in the Army Community Service client database. Also used as a tool to aid in delivery of services to DOD personnel and their family members. Statistical data will be provided to Department of the Army.

ROUTINE USES: Used as a record of (1) services requested; (2) services delivered; and (3) actions or services agreed upon. Upon data entry, form will be filed.

DISCLOSURE: Disclosure of information is voluntary. Failure to provide required information may result in the inability of Army Community Service to provide appropriate professional and/or development services to the individual.

DONOR POINT OF CONTACT (POC) INFORMATION

LAST NAME _____ **FIRST NAME** _____

WORK PHONE # (with area code): _____ **EXT:**

EMAIL ADDRESS: _____

ORGANIZATION INFORMATION

NAME _____

STREET ADDRESS: _____

CITY: _____ **STATE:** **ZIP:** _____ _____

DONATION INFORMATION

TYPE OF DONATION:

- ○ GIFT CARD(S)
- ○ TOYS
- ○ BOOKS
- ○ CLOTHING
- ○ HOUSEHOLD ITEM(S)

PLEASE ANNOTATE & DESCRIBE EACH TYPE OF DONATION(S) BELOW.

DONATION TYPE	QUANTITY	AMOUNT
		$
		$
		$
		$
	TOTAL	$