



GIFT INFORMATION SHEET

WOUNDED WARRIOR REGIMENT, HEADQUARTERS, U.S. MARINE CORPS

Privacy Act Statement: Authority: 10 U.S.C. §§ 2601, 2601a; 31 U.S.C. §1353; 5 C.F.R. Parts 2635, 3601. Purpose: To assist staff in coordinating gift acceptance and legal review in accordance with government ethics laws and regulations. Routine Uses: The Blanket Routine Uses published at the beginning of the Marine Corps compilation apply. Disclosure: Voluntary; however, nondisclosure may prevent acceptance of the offered gift.

DONOR INFORMATION

- Donor Type: Individual Business (Unincorporated?) Charitable Org *(please provide tax-exempt status documentation)*
- Donor/Contact Name: _____
- Primary Phone: _____ Alternate Phone: _____
- E-mail: _____
- Website: _____

We greatly appreciate your generosity. We also value the trust and confidence placed in us by the American people. To help us uphold that trust, please answer the following questions. Thank you for understanding.

GIFT INFORMATION

- I want to write a check to the "Department of the Navy" to support Wounded Warrior operations.
- I want to give physical property, objects, or food to support Wounded Warrior operations.
- I want to give services to Wounded Warrior for the benefit of the wounded/ill/injured.
I understand I am not a paid or volunteer government employee and might not be allowed to use government spaces or resources.
- I have an offer open to the public or to all military and want to let Wounded Warrior know about it.
- I have a gift open to any wounded/ill/injured Marines (maximum of ___ at this time).
- I have a gift open to any **combat** wounded/ill/injured Marines (maximum of ___ at this time).
- I have a gift open to any member of Wounded Warrior (maximum of ___ at this time).
- I have a gift for personnel in the grade of E-6 or below and am a 501(c)(3), (19), or (23) organization.
- I have a specific gift for a specific wounded/ill/injured Marine.
- I have a gift for anyone meeting the following criteria: _____

What is the Gift? _____

Please continue on the next page



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Please select all that apply to you.

- The gift includes attendance to an event.
 - I **(do)** need Wounded Warrior staff to work the event or perform care-taking or oversight functions.
 - I **(do not)** need Wounded Warrior staff to work the event or perform care-taking or oversight functions.
 - Travel and transportation **(will)** be provided as part of the gift.
 - Travel and transportation **(will not)** be provided as part of the gift.
- I want to host an event on a military installation and I want Wounded Warrior personnel to come as an official unit function. I **(have already)** **(have not yet)** received approval from the installation commander in accordance with DoDI 1000.15 and DoDI 1100.21.
- Other (please provide more detail below)

Further Information

Location: _____

Date & Time: _____

Dress Code (casual, business casual, uniform, etc.): _____

Required Items: _____

Transportation Plan: _____

Expected Media: _____

Fair Market Value Estimate

Food: _____ Total: _____

Transportation: _____ Total: _____

Lodging: _____ Total: _____

Training/Registration Fees: _____ Total: _____

Other: _____ Total: _____

Other: _____ Total: _____

TOTAL FAIR MARKET VALUE: _____

ADDITIONAL INFORMATION

Please provide any additional information. Please explain any 'Yes' answers from the first page here.

Signature _____

Date: _____

Please attach any additional documentation or required forms (advertising material, required waiver forms, etc.).