



# VA North Texas Health Care System Holiday Commitment Form

Fax: 214-857-0431 Email: [NTXVoluntaryAdmin@va.gov](mailto:NTXVoluntaryAdmin@va.gov)

## Requestor Information:

Organization/ Group/ Individual:

Contact Information/Address:

City, State & Zip:

Phone:

Email Address:

Number of People:

Date of Request:

Time of Visit

to

## Type of Request: (Please Check Below)

I wish to provide holiday material

I wish to perform holiday music

Other (Briefly Explain)

**Submit**

*Thank you for your interest in donating/volunteering to VA North Texas Health Care System. Please note the Holiday Season is a very busy time of year. Due to many requests, we will do our best to accommodate your preferred date and time while ensuring patient safety, privacy and choice. Please submit your request by Fax: 214-857-0431 or by Email: [NTXVoluntaryAdmin@va.gov](mailto:NTXVoluntaryAdmin@va.gov)*