



U.S. Department of Veterans Affairs

Veterans Health Administration  
VA Maryland Health Care System

Baltimore VA Medical Center 10

North Greene Street  
Baltimore, MD 21201  
410-605-7000

Perry Point VA Medical Center

Perry Point, MD 21902  
410-642-2411

Loch Raven VA Medical Center

3900 Loch Raven Boulevard  
Baltimore, MD 21218  
410-605-7000

January 9, 2023

512/135

Dear Friends of Veterans:

I am writing to make you aware of an opportunity to support Maryland's Veterans. Every year, the VA sponsors the National Golden Age Games, which gives senior Veterans (55 years or older) the opportunity to compete in events such as swimming, cycling, bowling and air rifles. The games demonstrate the value of sports, wellness and fitness in assisting senior Veterans live an active and healthy lifestyle.

The VA Maryland Health Care System is sending a team of 10 Veteran patients to the 2023 Golden Age Games the week of May 20-25, 2023, in Des Moines, IA. It will cost approximately \$1,000 to cover the airfare, lodging and other associated expenses for each Veteran patient to attend the games. The total cost to send all 10 Veterans patients to the 2023 Golden Age Games is \$10,000.

Your donation will allow Veteran patients from the VA Maryland Health Care System to attend this important therapeutic national event to engage in friendly competition and physical activities. For our Veteran patients, the Golden Age Games provides a unique opportunity to showcase their skills and abilities, while participating in a national event as part of a team.

Your generous contribution of any amount can be made by check payable to the "VA Maryland Health Care System" and earmarked in the memo section on the lower left side for the "National Games #1050." Credit card donations are also welcome. **All organizations making a donation of \$1,000 or more will have their name included on our 2023 Golden Age Games donor website.**

Attached is a donation form for you to complete and enclose with your contribution. Under "Organization/Company Name" on the attached form, please indicate how your organization should be listed on the donor website to acknowledge your organization's support. A business reply envelope is enclosed for your convenience.

If you have any questions about making a donation, please contact Brandi Sima, Voluntary Service Specialist for the VA Maryland Health Care System, at 410-642-2411, ext. 25409.

On behalf of our Veteran patients and staff, I thank you for your continued support.

Sincerely,

R. David Edwards  
Chief, Public & Community Relations  
VA Maryland Health Care System

Cambridge VA Outpatient Clinic  
830 Chesapeake Drive  
Cambridge, MD 21613  
410-228-6243

Eastern Baltimore County  
VA Outpatient Clinic  
5235 King Avenue, Suite 200  
Rosedale, MD 21237  
443-730-2020

Fort Meade  
VA Outpatient Clinic  
2479 5<sup>th</sup> Street  
Fort Meade, MD 20755  
410-305-5300

Glen Burnie  
VA Outpatient Clinic  
808 Landmark Drive, Suite 128  
Glen Burnie, MD 21061  
410-590-4140

Pocomoke City  
VA Outpatient Clinic  
1701 Market Street, Unit 211  
Pocomoke City, MD 21851  
410-957-6718

## DONATION FORM

\_\_\_\_\_ Yes, I/we will contribute to **Account 1050** for the **National Games**.

Please find my check in the amount of \$\_\_\_\_\_.

Please send the acknowledgement letter to: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\_\_\_\_\_ No, I/we are not able to contribute at this time, but please keep me on the mailing list to receive information about future projects to support Veteran patients throughout the VA Maryland Health Care System.

### CREDIT CARD DONATION INFORMATION

Yes, I/we choose to make a contribution to the **National Games Account 1050** using my credit card in the amount of \$\_\_\_\_\_ (Please provide all information as it appears on your credit card)

- VISA
- MasterCard
- Discover
- American Express

Card Number: \_\_\_\_\_

Expiration Month/Year: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

CVV: \_\_\_\_\_

(CVV is the 3-digit security number on the back of your credit card)

***Please return your contribution in the business reply envelope***

***along with this completed donation form.***