

# E-Donation Process- NVGAG

Online donations to the Anchorage National Veterans Golden Age Games 2019 may be made at the below site:

<https://www.pay.gov/public/form/start/50811370/>

Pay.gov Sign In | Create an Account

Search MAKE A PAYMENT FIND AN AGENCY ONLINE HELP

## VA Northwest Health Care Network: VISN 20 Donation Form

Before You Begin 1 Complete Agency Form 2 Enter Payment Info 3 Review & Submit 4 Confirmation

Please use this form to submit donations to the VA Northwest Health Care Network.

**Paying online with Pay.gov is safe, secure, and the preferred method to make a payment.** To make a payment using one of the below accepted payment methods, please click the Continue to the Form button.

**Accepted Payment Methods:**

- ▶ Bank account (ACH)
- ▶ Debit or credit card

Preview Form Cancel **Continue to the Form**

This is a secure service provided by United States Department of the Treasury. The information you will enter will remain private. [Please review our privacy policy](#) for more information.

**1. Make sure it indicates VISN 20 Donation Form**

Contact: VA Financial Services Center Customer Support  
Email: [Click to email](#)  
Phone: (877) 353-9791

**2. Continue to the Form**

Contact Us | Notices & Agreements | Accessibility Policy | Privacy & Security Policy | For Agencies | \*

**WARNING WARNING WARNING**

You have accessed a United States Government computer. Unauthorized use of this computer is a violation of federal law and may subject you to civil and criminal penalties. This computer and the automated systems which run on it are monitored. Individuals are not guaranteed privacy while using government computers and should, therefore, not expect it. Communications made using this system may be disclosed as allowed by federal law.

Note: This system may contain Sensitive But Unclassified (SBU) data that requires specific data privacy handling.

Before You Begin

1 Complete Agency Form

2 Enter Payment Info

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4 Confirmation

Need Help?

[Expand](#)



## VA NORTHWEST HEALTH CARE NETWORK: VISN 20

Welcome to the Department of Veterans Affairs Northwest Healthcare Network donation page. The VA Northwest Healthcare Network Alaska, Boise, Portland, Puget Sound, Roseburg, Spokane, Walla Walla and White City. Please click on the facility to which you would like to donate.

Alaska VA Healthcare System

**3. Select Alaska VA Healthcare System**

Boise VA Medical Center

VA Portland Health Care System

Roseburg VA Healthcare System

Spokane VA Medical Center

Walla Walla VA Medical Center

White City VA Rehabilitation Center and Clinics

Puget Sound VA Healthcare System

Next Page

**4. Go to Next Page**

## Alaska VA Healthcare System

Welcome to the Alaska VA Healthcare System donation page.  
Please use the drop-down menu to select the program in which you would like your donation to be used. If you do not have a specific use in mind, you may donate money for general use. Those funds are used to fund programs for Veterans throughout the Alaska VA Healthcare System.

* Name:	<input type="text" value="Billy Bob Smith"/>	<b>5. Fill in your personal information</b>
* Street Address:	<input type="text" value="1201 N. Muldoon Rd"/>	
* City:	<input type="text" value="Anchorage"/>	
* State:	<input type="text" value="AK"/>	
* Zip Code:	<input type="text" value="99504"/>	
Phone Number	<input type="text" value="907-257-4700"/>	
* Program for Donation	<input type="text" value="2019 National Golden Age Games in Alaska"/>	<b>6. Select the Program for Donation "2019 Golden Age Games in Alaska"</b>
* Donation Amount: (the minimum donation is \$5.00)	<input type="text" value="\$5,000.00"/>	
Additional Information	<input type="text"/>	

Thank you for your contribution. In accordance with Title 38 U.S.C. 8301, the Secretary of Veterans Affairs may accept gifts, for use in carrying out all laws administered by VA, which enhance the Secretary's ability to provide services and benefits to the veteran. No goods or services are provided by the Department of Veterans Affairs in return for your contribution. A donation to support any of the Department's programs is tax deductible, whether the donor directs that the donated funds be used for a specific purpose, or allows the Department to decide how the donated funds will be used.

<input type="button" value="Previous Page"/>	<input type="button" value="Continue"/>	<b>7. Continue with completed information</b>
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# VA Northwest Health Care Network: VISN 20 Donation Form

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## Payment Information

Payment Amount: \$5,000.00

\* I want to pay with my:

- Bank account (ACH)
- Debit or credit card

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Return to Form

[Cancel](#)

8. Select Payment Method

9. Continue

Next

# VA Northwest Health Care Network: VISN 20 Donation Form

Before You Begin 1 Complete Agency Form 2 Enter Payment Info 3 Review & Submit 4 Confirmation

Please provide the payment information below. Required fields are marked with an \*.

\* Payment Amount:

\$20.00

\* Cardholder Name



10. Fill in your cardholder information

\* Cardholder Billing Address:

Billing Address 2: \*

City:

\* Country

United States

\* State/Province

Select State/Province

\* ZIP/Postal Code



\* Card Number:

\* Expiration Date:

Select ...

Select ...

\* Security Code:

[What's this?](#)

Station

463

Program

4432

Previous

Rel

11. Review and Submit Payment



Review and Submit Payment

## VA Northwest Health Care Network: VISN 20 Donation Form

Before You Begin > 1 Complete Agency Form > 2 Enter Payment info > 3 Review & Submit > 4 Confirmation

Please review the payment information below. Required fields are marked with an \*

### Payment Information

Payment Type: Debit or credit card

Payment Amount: \$20.00

Station: 463

Program\_: 4432

12. Review Payment Information

### Account Information

Cardholder Name: Billy Bob Smith

Cardholder Billing Address: 1201 N. Muldoon Rd

Billing Address 2:

City: Anchorage

Country: United States

State/Province: AK

ZIP/Postal Code: 99504

Card Type: [REDACTED]

Card Number: [REDACTED]

I would like to receive an email confirmation of this transaction.

13. Request email confirmation if desired

I authorize a charge to my card account for the above amount in accordance with my card issuer agreement.

14. Authorize Payment

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Return to Form

[Cancel](#)

15. Submit Payment

Submit Payment

## 16. Receive Payment Confirmation Page

### Payment Confirmation - VA Northwest Health Care Network: VISN 20 Donation Form

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#### Payment Receipt

Please print this page. You will not be able to access this receipt once you leave this page.

**Because you are not signed in:**

This payment will not show in your payment activity. You can sign in or create an account now and Pay.gov will have a record of your payment.

**To confirm your payment went through:**

Contact the federal government agency you paid. Pay.gov is unable to cancel this transaction.

**We value your feedback!**

Let us know how we did. Complete our [short two minute survey](#).

#### Payment Confirmation

**Your payment is complete**

Pay.gov Tracking ID: 26BU5LHF

Agency Tracking ID: 75562675540

Form Name: VA Northwest Health Care Network: VISN 20 Donation Form

Application Name: VA Northwest Health Care Network: VISN 20 Donation Form

**Payment Information**

Payment Type: Debit or credit card

Payment Amount: \$20.00

Transaction Date: 08/29/2018 12:42:52 PM EDT

Payment Date: 08/29/2018

Station: 463

Program : 4432

**Account Information**

Cardholder Name: [REDACTED]

Card Type: [REDACTED]

Card Number: [REDACTED]

**Email Confirmation Receipt**

Confirmation Receipts have been emailed to:

[REDACTED]

[Print Receipt](#)

Register today!

Create an Account

or

Sign In

#### Need Help?

Contact: VA Financial  
Services Center Customer  
Support

Email: [Click to email](#)

Phone: (877) 353-9791

**17. Receive Email Confirmation if requested**



notification@pay.gov



8:43 AM

[EXTERNAL] Pay.gov Payment Confirmation: VA Northwest Health Care Network: VISN 20 Donation Form



Your payment has been submitted to Pay.gov and the details are below. If you have any questions regarding this payment, please contact VA Financial Services Center Customer Support at (877) 353-9791 or [VAFSCSHD@va.gov](mailto:VAFSCSHD@va.gov).

Application Name: VA Northwest Health Care Network: VISN 20 Donation Form  
Pay.gov Tracking ID: 26BU5LHF  
Agency Tracking ID: 75562675540  
Transaction Type: Sale  
Transaction Date: 08/29/2018 12:42:52 PM EDT

Account Holder Name: Christy Himmighoefer

Transaction Amount: \$20.00  
Card Type: Visa  
Card Number: \*\*\*\*\*6643

Station: 463  
Program : 4432

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.

E-donations to Anchorage National Veterans Golden Age Games 2019 is complete. Thank you for supporting our Nation's Veterans.