



We write to ask you to support The North Alabama Veterans Advisory Council (NAVAC) this year with either a one or **two** month commitment to supply coffee and supplies for patients at the Huntsville Outpatient Clinic. Each year our organization champions projects to improve the VA patient's experience in our community and without contributions from organizations like yours, this would be far more difficult.

The mission of the North Alabama Veteran Advisory Council is to establish a productive partnership between Veterans, VA health professionals, community partners and Veteran Service Organizations in order to improve the quality and experiences of VA health services.

NAVAC can only achieve its goals with assistance from organizations and individuals from of our community. Without this support, serving Veterans in our area would not be possible.

We are counting on your support. By agreeing to provide coffee, coffee supplies and condiments for a one month period, over 125 veteran patients will have access to coffee each day, five days a week.

Your contribution will be recognized by a tent card with your logo and organization name displayed on the coffee table inside the clinic during your contract period.

Thank you in advance for your support!

Veterans Coffee Call Agreement

Organization name: _____ agrees to remit to either COSTCO, Sam's Club, or a retailer of choice for coffee, coffee supplies and condiments for the Huntsville VA Outpatient Clinic for a one month period commencing on DATE _____ . (mm/dd/yyyy)

Monthly estimated requirements & cost using COSTCO or Sam's Club pricing (**\$150/month**):

- Coffee (40.5 OZ) Canister producing 325 (5 FL OZ Cups), 8 per month - \$6.98 per canister
- Non-dairy creamer (canister), 6 per month - \$9.97 per canister
- Sugar (canister), 8 per month - \$8.98 per canister
- Artificial sweetener (3 gram portion), 2,000 per month; *Equal*- \$9.88; *Sweet n low*- \$11.68; *Splenda*- \$19.48

We understand the coffee and supplies will be delivered by the above named organization _____ to the Huntsville VA Outpatient clinic bi weekly/monthly during the agreement period unless other arrangements have been made. **NOTE: No money is not accepted by NAVAC or the Huntsville Outpatient Clinic; We only accept coffee and supplies that were purchased by the named Organization.**

Organization representative: _____ Title: _____

Signature: _____ Date: _____

Special arrangements:

NAVAC representative: _____ Signature: _____