



Donor Validation Form

Donors must be approved by the 1st of the month.

Please approve the following donors.

Center name _____

| Donor Name | Donor Phone Number | Donor Driver's License Number | How do you acquire the food/milk? | I certify that none of my donations come from federally funded programs (WIC, foodstamps, etc.) |
|------------|--------------------|-------------------------------|---|---|
| Jane Doe | 972-772-3200 | 10101010 | I buy milk for church on Sunday and bring left overs to center on Monday. | <i>Jane Doe</i> |
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Date Approved by Nutriservice_____