

FOOD DONATION FORM FOR _____ (center name)

Item donated (Be Specific) <i>example: 1% Milk -Gallon</i>	Quantity	Date Donated	NAME and Signature of APPROVED Donor	Center: Received by: Initial

I certify, to the best of my knowledge, none of the donated food came from federally funded programs (WIC, Foodstamps, etc.)

X _____ (director signature)