FOOD DONATION FORM FOR _____ (center name)

Item donated (Be Specific) *example: 1% Milk -Gallon*	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)