Alachua County Public Schools
Early Intervention Services
Head Start Program

Contributions/Donations

Center:_____ **Month/Year:**_____ **Teacher Signature:**_____

Date	Name of Donor	Head Start Child		Description of Item(s) Donated	# of items	Fair Cash Value
		First Initial	Last Name			

Description of Item(s) key: Food-Materials-Supplies

Total: _____

Form No. CUR-718-028 – Contributions/Donations / CUR / Head Start
New Date: 8/23/17

Distribution: ___ Head Start Office
___ Head Start Class