Project Head Start
INKIND DONATION RECORD

Signature of Donor: _____

(If new donor, fill out the Volunteer of Community Resources Registration form.)

Date received: _____ / _____ / _____

Unit: _____

Description	Value	Remarks

Head Start Staff: _____ **Date** _____ / _____ / _____

Supervisor: _____ **Date** _____ / _____ / _____