

CSNT HEAD START PROGRAM P.O. Box 427 304 EAST HOUSTON STREET LINDEN, TX 75563 Phone (903) 756-5596 Fax (903) 756-7294

DONATION RECORD

Date:		HS Campus:		
Number of Items	Cost Per Item	Des	cription/Use	Value
			Fair Market Value of Donation:	
described in se- require that we	ction 501(c) (3) certify contrib	of the Internal Revenue Code.	e local Head Start Program and is a tax e Your contribution is important to the prog o complete this record sheet and return i	exempt organization as gram. Federal guidelines
Donor Name	e & Address:	(Please Print)		
Representative/Donor Signature:		[Date:	
1,			, certify that the above contribu	tion is being made
by a non-Fe		epresentative) e.		
Program Representative Signature:			[Date: