

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

DONATION OF SERVICES RECORD

All Head Start Programs are responsible for matching 20% of their total grant dollars with local donations called in-kind. These in-kind donations can be in the form of goods and services or in monetary donations. The donations demonstrate to the federal Government that CSNT Head Start is actively involved in the community as well as the community's commitment to the CSNT Head Start Program.

By providing your professional services to Head Start, you are making a generous contribution to our program as well as the children and families that we serve. Please take a moment to complete this statement so that your contribution can be documented accurately.

I, (Print Your Name)		represent
(Print Agency/Program Name)		
I normally provide my professional services at a rate of \$	/ hour.	
I agree to provide my services to CSNT Head Start at no charg	ge or at the reduced rate	∍ of
#of hours voluntee	red.	
I understand that this information is correct and accurate to t	he best of my knowledg	je.
To Be Completed By DONOR:		
Name:		
Agency/Program Name:		
Address:		
Telephone:		
Description of Services:		
Donor Signature	Date	
CSNT Head Start Representative Signature	 Date	