

Washita Valley Community Action Council  
In-Kind Contribution Receipt  
((\$25.00 or more))

Center: \_\_\_\_\_ Rm# \_\_\_\_\_

This acknowledges the contribution of \_\_\_\_\_

\_\_\_\_\_

valued at \$ \_\_\_\_\_, to Washita Valley CAC Head Start

for the month of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
Name of Company (if applicable)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Printed Name of Donor

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Signature of Center Director                      Date                      \_\_\_\_\_

\_\_\_\_\_  
Signature of Head Start Director                      Date                      \_\_\_\_\_

