

# MDHHS-5961, WIC COMPLIANCE BUY DONATION REPORT

Michigan Department of Human Services

(New 6-21)

I certify that I donated the below-listed food items purchased on \_\_\_\_\_  
Date of Buy

from \_\_\_\_\_ to \_\_\_\_\_  
Vendor Name Vendor number

\_\_\_\_\_  
Name of Non-Profit Organization

Items from Section C of Compliance Buy Report	Number of Items

\_\_\_\_\_  
Signature of Donator

\_\_\_\_\_  
Date of Donation

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.