

**CHILD CARE AND ADULT CARE FOOD PROGRAM  
FOOD DONATIONS**

– **IMPORTANT:** Food purchased with WIC or SNAP (Link Card) benefits **CANNOT** be accepted as donations. –

Name of Facility Receiving Donations: \_\_\_\_\_

**Instructions:** When a food donation is made to your facility, have the person donating the items complete this form listing each item donated.

| DATE DONATED | FOOD ITEM DONATED | QUANTITY | DONOR'S NAME (Printed) | Donor's Signature |
|--------------|-------------------|----------|------------------------|-------------------|
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |
|              |                   |          |                        |                   |