Highland Rim Economic Corporation/Head Start INDIVIDUAL IN-KIND CONTRIBUTIONS

Volunte	er Name:	: (Please print)			Center/Classroom:			
Contri	butor P	Profile: (Please checi	k one)First	Time Voluntee	ne Volunteer/DonorRetur		rning Volunteer/Donor	
	senting:	(Please check one	?)					
Non- Parent	Parent	Former Parent/Guardian	Sibling Other:	Ac	Activity:			
			VOLUNTEER	HOURS/DON	ATION	S:		
Month/Day/ Year		Purpose/Activity/Donated Goods For Donated Goods please make a detailed list of items				Quantity/ Number of Hours	\$ Value of Donated Goods	
-								
Volunteer/Contributor Signature Date				Highland	Highland Rim Head Start Staff Signature & Date			
E D	•	o Office Order						
ror B		s Office Only:						
Value of MILES: miles @ .62				.625/mile =				
Donated Goods =				Value \$				
Value of TIME:total hours @ \$				/ln	/ hr = Value \$			
				Grand	Total:	\$		