

NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY, INC.

3963 THREE MILE ROAD

TRAVERSE CITY, MICHIGAN 49686

**VOLUNTEER/DONATION FORM FOR IN-KIND**

**Policy: The Head Start Program matches the amount of Federal funding received with a contribution of 25% from local funding. In-kind contributions are the source of this match.**

**Procedure** **:** This form must have both a Volunteer/Contributor’s and a HS/EHS staff/provider’s signature on it before mailing or emailing to DMT.

 **CENTER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTH/YEAR \_\_\_\_\_\_\_\_ /\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Detailed Description of Services** **Or Donated Material** | **Hours or Value**  | **Rate or Quantity**  | **Total $ Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 GRAND TOTAL $\_\_\_\_\_\_\_\_\_\_

**I certify that the above contribution has been made.**

**For Office Use Only**

Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number Amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Volunteer/Contributor Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HS/EHS Staff/Provider Signature

Receipt Requested? (Please Check)

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete name and address:

Contributor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Use this form for items that are donated and **will remain at the center.** This form is also used for classroom visitors (firefighters, dentists, etc.) and volunteer services for the center. **Include the presenter’s/volunteer’s rate of pay** on this form along with signatures of volunteer and staff. Send top portion of the form to DMT and, **if a receipt is requested,** complete the bottom portion of the form and give it to the volunteer donating their time and/or materials.

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 RECEIPT OF DONATIONS FROM:

The Northwest Michigan Community Action Agency, Inc. would like to thank you for your contribution of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

NMCAA is a Private non-profit tax exempt 501-C-3 Agency. Your In-Kind donation valued at $\_\_\_\_\_\_\_\_\_\_ may entitle you to a tax deduction, however, your accountant or tax advisor should be consulted.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HS/EHS Staff/Provider Signature Date

Return to DMT at least monthly, via mail or email