

Milk Donations Documentation Sheet

Donated by:

Name: _____

Address: _____

Telephone Number: _____

Donation/Received Date: _____

Quantity	Size of Container (qt., pt., gal., etc.)	Type of Milk (skim, 1%, 2%, whole, etc.)

Reason for donation: _____

Name of original source of milk (i.e. grocery store purchased from) - Include receipt (if possible):

Signature of person donating milk

Date

Signature of person receiving milk

Date

Milk may NOT be donated by business owner.