

**CREDIT FOR DONATIONS TO
THE FOOD BANK OF WEST
CENTRALTEXAS**

Probationer: _____

Cause #: _____

Supervision Officer: _____

Total # of CSR for Donation: _____
(Maximum allowed: 1/3 of Total CSR hours)

Policy: Donations- \$2.00 per hour, but must be in increments of \$10.00.

Representative: Please sign this form to verify the donation.

DATE	Dollar amount donated	Representative's Signature	Probationer's Signature

Approved

Disapproved

Supervision Officer: _____