

In-Kind Professional Services/Donations – Head Start



Complete in Ink

Center _____ Month _____

Professional Services (Education Specialist, Therapist, Doctor, Lawyer, Dentist, etc.)

Type of Professional Service	Date of Service	Number Of Hours*	Hourly Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*include time for planning, travel and follow-up if specific to Head Start.

Name: _____

Signature: _____

Title/Position: _____

Center Staff Signature: _____

Donations

These are items that could be purchased for the benefit of the program, i.e., classroom supplies, materials, equipment.

Item(s) donated:	Donor Estimated Fair Market Value:	Date
_____	_____	_____
_____	_____	_____

Organization or Company _____

Donor Name & Phone _____

Center Staff Signature _____

Thank you for your donation!