

## Food Donation/Board of Health Form

Donation			
Board Member			
Check one:	☐ Purchased Items	☐ Purchased Items Where purchased:	
	☐ Homemade Items		
Board of Health Kitchen Facility:(Name of sc		(Name of school, res	Phone:
Address of Faci	ility:		
			Facility Representative Signature
			Position
			Date
	Fo	OFTRE OFTRE Ood Donation/Boar	L S <sub>*</sub> rd of Health Form
Donation			
Board Member			
	☐ Homemade Items	If homemade, comp	plete the following.
Board of Health	n Kitchen Facility: —————(N	ame of school, restaura	Phone:
Address of Faci	ility:		
			Facility Representative Signature
			Position
			Date