

## **CREDIT FOR DONATIONS TO** **THE FOOD BANK**

Defendant: \_\_\_\_\_

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: \_\_\_\_\_