

**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: \_\_\_\_\_