

**WOMEN'S CIVIC IMPROVEMENT CLUB OF SACRAMENTO, INC.**

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Website: [www.wcicinc.org](http://www.wcicinc.org)

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**WCIC CERTIFICATION OF NON-FEDERAL, IN-KIND CONTRIBUTION**

Name of agency receiving: WCIC/Playmate Head Start Program

Cost category: Personal Check, Money order, Cashier's Check, Equipment, Supplies, and/or walk-in consultation.

Period or date received: \_\_\_\_\_

Description of service or property received and purpose: \_\_\_\_\_

Value: \_\_\_\_\_

Method of valuation: \_\_\_\_\_

Signature of donor and title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Signature of agency employee receiving service or property: \_\_\_\_\_

Signature of approval and title: \_\_\_\_\_

**Thanks for Your Donation!**