



**EAST ALABAMA REGIONAL PLANNING AND DEVELOPMENT COMMISSION  
AREA AGENCY ON AGING**

SENIOR CENTER OR SERVICE PROVIDER \_\_\_\_\_  
MONTH & YEAR \_\_\_\_\_

TYPE OF SERVICE: \_\_\_\_\_  
 CONGREGATE     HOME DELIVERED     TRANSPORTATION  
 CHECK NUMBER \_\_\_\_\_  
 CHECK AMOUNT \_\_\_\_\_

**AGING PROGRAM SERVICE DONATION RECORD \***

DATE	DONATIONS	RESPONSIBLE INDIVIDUAL'S SIGNATURE	VOLUNTEER OR WITNESS SIGNATURE	VOLUNTEER OR WITNESS SIGNATURE
<b>TOTAL:</b>				

\* THIS RECORD IS REQUIRED TO BE SUBMITTED WITH DONATIONS, CHECK, MONEY ORDERS, ETC. TO THE EAC AAA BY THE 10TH OF EACH MONTH. TOTALS OF RECORD(S) SUBMITTED MUST MATCH CHECK SUBMITTED.  
 Revised 1/2018