

EAST ALABAMA REGIONAL PLANNING AND DEVELOPMENT COMMISSION AREA AGENCY ON AGING

SENIOR CENTER OR SERVICE PROVIDER ______ Month & Year_____ TYPE OF SERVICE:

CONGREGATE I HOME DELIVERED I TRANSPORTATION CHECK NUMBER_____

CHECK AMOUNT_____

AGING PROGRAM SERVICE DONATION RECORD *

DATE	DONATIONS	Responsible Individual's Signature	VOLUNTEER OR WITNESS SIGNATURE	VOLUNTEER OR WITNESS SIGNATURE
TOTAL:				

* 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