



Donation Form for Volunteer Hours

Student Name: _____ Grade: _____

Teacher/Staff Requesting Donation: _____

Items Donated	Cost
1.	
2.	
3.	
4.	
5.	
6.	
Total Donated for this Receipt:	\$

Please apply my donation to my service hour obligation. I have attached my receipts and I understand that I must submit my donation form and receipt(s) within one week of the donor receiving the donation. WCA will not honor service hours without this form and attached receipts.

Guardian Name: _____ Date: _____

Guardian Signature: _____

Staff member-please sign this form and turn it into Mrs. McCue upon receiving your donation.

Staff Signature: _____ Date: _____

For Office Use Only

of Volunteer Hours Given: _____ Date Entered: _____ Initials: _____



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