

Wintu Educational & Cultural Council of Northern CA, INC

Volunteer Contribution Form

Name:				
Phone:				
Address:				

Description of Goods or Service Provided: Please state if it is one of the following:
Monthly Council Meeting, Annual Meeting, Community Event/Education, Administration,
Other-Please state the service provided

Date:	Start Time:	End Time:	Total hours:	Description of Service:	Mileage:

Total Hours:		Total Mileage:	
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Contribution of goods	Condition:	Value of Item, Please attach receipt if applicable

I certify that I have provide the goods or services listed above to the Wintu Educational & Cultural Council of Northern CA, INC.

Does this service further WECCNCI's purpose? Yes ____ No ____

Signature: _____

Contribution received by: _____

Signature of approving officer: _____ Date: _____