

RELEASE FORM

NOTICE: This is a legally binding document. Consult your attorney if you do not understand any part of it.

THIS RELEASE is made on the _____ day of _____, 20____, by

(PRINT NAME)

whose residence and/or mailing address is

(PRINT ADDRESS)

I understand that I owe no debt to the Food and Nutrition Service (FNS), and I relinquish all rights to donated funds in the amount of _____ dollars (\$_____), tendered to FNS on this date. I understand such funds are a donation to and made payable to FNS, and that the donation to FNS is not returnable. I agree that the funds are donated with no expectation of something in return from any federal, state, or local government entity.

SIGNATURE:

DATE: