**PLEASE PRINT CAREFULLY**

**St. Francis Family Service Program- Encounter Speaker Series**

Date of Event

Student’s Name Grade

Parent’s Name

Donated Goods (description, ie grapes, sandwhiches)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount spent (please attach receipt) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_