

# Texas WIC Formula Donation Form

Date Donated: \_\_\_\_\_

LA/Site No: \_\_\_\_\_ WIC Staff Name: \_\_\_\_\_

Nonprofit Name: \_\_\_\_\_ Nonprofit Phone #: \_\_\_\_\_

Nonprofit Staff Name: \_\_\_\_\_ Nonprofit Staff Signature: \_\_\_\_\_

Formula Name & Size	Description (Ex. Pwd, Con, RTU)	Expiration Date	Quantity



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