**Archery Processed Venison received from processor specified on registration form:**

|  |
| --- |
| Processor Name: |
| Address: |
| City, State Zip code: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Number of Deer Donated** | **Pounds of Venison received** | **Comments:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

By signing this receipt, the Charitable Organization is certifying that requirements listed below have been followed:

1. Only venison harvested by archery has been donated directly to the Food Shelf or Food Bank.
2. Each package of product is properly labeled to include:

* “Hunted venison, for food donation only”
* Plant identification number or plant name (i.e., official establishment number, custom processing permit number or license number).
* Date of processing.
* “NOT FOR SALE”

1. The product was received directly from the processor in a frozen state.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Representative from Charitable Organization Charitable Organization #:

(assigned by MDA)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Representative from Charitable Organization Date