

05/16/2023

Dear Parent/Guardian,

At the end of the school year, families often have leftover funds remaining in their school lunch account. Abbeville County School District Child Nutrition provides families the option to donate their leftover funds to a lunch account for students in need. The donations are made available to children who do not have the funds needed to pay for their lunch during the school day.

A few extra dollars from families with the ability to donate can help us make sure all of our children have consistent access to nutritious school meals, while keeping ACSD Child Nutrition finances strong!

Families that do not make a donation will have the option to request a refund at the end of the school year. Families that donate a portion of their remaining balance (e.g., "up to \$5.00") will also have any amount above this portion refunded as requested.

The Donation or Request for refund form can be found on the ACSD web page: Go to Menu-Dining-Pre-Payment Options-Scroll Down to the middle of the page and you will see the form in blue. You can print in out and below are the instructions to process your donation or refund.

Please complete the attached form if you would like to donate your leftover funds this school year. Completed forms may be submitted using any of the following methods:

- Hand delivery to: your students school or the District Office/ Jennifer Maxwell
- Mailed to: Jennifer Maxwell 400 Greenville Street Abbeville, SC 29620
- Emailed to: jmaxwell@acsdsc.org

Forms will be accepted from May 2023 to June 9, 2023

Please direct any questions regarding the ACSD Child Nutrition Program donation fund to Jennifer Maxwell 864-366-5427 21066 or jmaxwell@acsdsc.org

Thank you for your consideration,

Jennifer Maxwell

Child Nutrition Director

DONATION OR REQUEST FOR FOOD SERVICE REFUND 22-23

DATE: _____

Student(s) NAME: _____

DONATION: _____

REFUND: _____

PARENT/GUARGIAN NAME: _____

ADDRESS: _____

PHONE: _____

ADULT SIGNATURE: _____

Return this completed form to your child's school cafeteria or as instructed in the letter.

For Office Use:

Amount Donated _____ Amount Refunded _____

DATE: _____

Check: Picked up _____ or Mailed _____

"Abbeville County School District is an equal opportunity provider"