



06/18/2024

Dear Parent/Guardian,

At the end of the school year, families often have leftover funds remaining in their school lunch account. Orange Beach City Schools provides families the option to donate their leftover funds to a shared lunch account for students in need. The donations in this account are made available to children who do not have the funds needed to pay for their breakfast or 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 Orange Beach City Schools' finances strong!

Families that do not make a donation will have their full account balance carried over into the next school year, or have the option to request a refund. Families that donate a portion of their remaining balance (e.g., "up to \$5.00") will also have any amount above this portion carried over or refunded.

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: 4544 Orange Beach Blvd Orange Beach, AL 36561
- Mailed to: P.O. Box 2799 Orange Beach, AL 36561
- Faxed to: 251-424-1731
- Email: michaela.miller@orangebeachboe.org

Forms will be accepted at any time.

Please direct any questions regarding the Orange Beach City Schools donation fund to Michaela Miller at 251-424-1730 or michaela.miller@orangebeachboe.org.

Thank you for your consideration,

Michaela Miller

Child Nutrition Program Coordinator

ORANGE BEACH CITY SCHOOLS
Leftover School Lunch Account Funds Donation

Student Name:

Student ID Number:

Student Grade:

Student School:

Student Mailing Address *(if requesting a refund, please include the address ORANGE BEACH CITY SCHOOLS should send the refund to):*

Donation Preferences *(please check one):*

- I wish to donate my child's entire remaining balance.
- I wish to donate a portion of my child's remaining balance. Please donate up to \$_____.
 - Please carry over any amount above this portion into next school year.
 - Please refund any amount above this portion.
- I do not wish to donate.
 - Please carry my remaining balance over into next school year.
 - Please refund my remaining balance.

Parent/Guardian Signature:

Date:

Thank you for your support of ORANGE BEACH CITY SCHOOLS and our children!

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- *Mailed to: P.O. BOX 2799 ORANGE BEACH, AL 36561*
- *Faxed to: 251-424-1731*
- *Emailed to: MLAMBERT@ORANGEBEACHBOE.ORG*

*Questions? Please contact MICHAELA MILLER at 251-424-1730 or
MICHAELA.MILLER@ORANGEBEACHBOE.ORG.*