Good Foundations Academy
Leftover School Lunch Account Funds Donation

Student Name:

Student Grade:

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 Good Foundations Academy and our children!