(Print on school letterhead)

****

(Insert date)

**Dear Parent/Guardian,**

(Insert School Name) is pleased to be operating a Student Nutrition Program.

Each day, we are preparing a healthy morning meal snack for all to enjoy. It consists of one item from each of the following three food groups: grain products; milk and alternatives, and vegetables and fruit. Students serve themselves from a platter of food that is delivered to the classroom before morning recess. All are welcome, as the food items are allergy sensitive and appropriate for everyone in the class.

The benefits of Student Nutrition Programs are abundant:

* Students’ academic and social outcomes are improved.
* They encourage healthier food choices.
* Students are able to role model healthy eating to their peers.
* They create a caring environment and add excitement to the school.
* They strengthen and engage the school community.

Currently over 800 Student Nutrition Programs operating each day across the city of Toronto are participating in the movement toward healthy school food.

Our program receives a small portion of Municipal and Provincial grant funding but it is not enough to cover the full cost of running the program. Parental contributions and school fundraising are an important part of sustaining the program and are a necessary criteria for receiving these grants. The reality is that our program will not survive without ***your*** help!

**We are asking you to please contribute a suggested amount of $\_\_/ per month or $\_\_/ per term.** This is a universal program where a snack is made available to all students, while contributions are made towards sustaining the program. These contributions can be made for any amount, at any time and as many times as desired. Please see the back of this letter to find out how you can make a donation.

Thank you for your support,

(Insert Principal/Site Authority signature)

(Insert Principal/Site Authority name)

(Insert title, such as “Principal”)

August 2018

**Online donations:**

**NEW!** Donations can now be accepted through the School Cash Online system.

Access School Cash Online at <https://tcdsb.schoolcashonline.com/>.

Please **sign in,** or register, select the **Items** tab and then click the **Make A Donation** button. Select the amount of the donation, or enter in a custom value.  In the **Fund Destination** drop down please select (Insert School Name).  In the Message to School Board box, type **STUDENT NUTRITION PROGRAM** to ensure that your donation is directed to the nutrition program.

A donation receipt will be emailed to you upon completion of your cart checkout.

If you choose to make a donation online, you do not need to complete the donation form below or return anything to the school.

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**Cash and cheque donations only:**

|  |
| --- |
| **NUTRITION PROGRAM DONATION FORM** |
|  |  |  |  |  |  |  |  |
| **Student's Name:** |  |  |  |  |  |  |  |
| **Teacher's Name:** |  |  |  |  |  |  |  |
| **Donation Amount:** | **$** |  |  | **Cheque** |  | **Cash** |  |
|  |  |  |  |  |  |  |  |
| **Cheques must be made payable to: (Insert name of your SNP bank account)** |
| Donations of $20 or more are eligible for a tax receipt. |
| **Please fill in all fields below if you would like a tax receipt.** |
|  |  |  |  |  |  |  |  |
| **Donor's Name:** |  |  |  |  |  |  |  |
| **Email Address:** |  |  |  |  |  |  |  |
| **Mailing Address:** |  |  |  |  |  |  |  |
| **City:** |  |  |  | **Postal Code:** |  |  |  |
| **Phone (optional):** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Please attach donation to this form and return to the school with your child.** |

Thank you for supporting our school’s student nutrition program!

August 2018