Dear Parents and HBS Supporters,

Exciting things are happening at Horseshoe Bend! HBS is growing, which means our needs are too. We encourage creative thinking and problem solving skills, so we have taken a fun and innovative approach to meet our growing needs through the HBS Make a Difference Program. This opportunity offers families a chance to make a difference in the lives of our students through easy and convenient donations. Those who elect to contribute monthly to our school will be recognized on a colorful display on the HBS campus.

These donations will not take the place of fundraising, but will be used to meet student needs. Time after time, we are asked how can I help make a difference at the school. The HBS Make a Difference Program is one way you can help us as we embark on a new year! Simply complete the attached form and return it to the office through your child’s teacher. Thank you for making a positive impact on our school through your time, effort and resources! Together, we will achieve great things! **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorization Agreement for Direct Payments**

I (we) hereby authorize Horseshoe Bend School to begin electronic deductions from my (our) \_\_\_checking or \_\_\_savings account in the amount specified. Please check the appropriate amount:

\_\_\_\_\_**$50 (Gold Medal)** \_\_\_\_\_**$40 (Rockstar Red)** \_\_\_\_\_**$20 (Champion Blue) $\_\_\_\_\_(Other)**

I (we), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize this debit to recur monthly (on the 10th day of each month), beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month), \_\_\_\_\_\_\_\_\_\_\_\_ (year).

Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please provide a voided check\***

This authority is to remain in full force and effect until Horseshoe Bend School and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Horseshoe Bend School and DEPOSITORY a reasonable opportunity to act on it and send to address below.

This monthly donation is made in support of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Student or Students)

 Please return *completed, signed Authorization form, with a voided check*, in a sealed envelope to:

**Horseshoe Bend**

**10684 AL-22,**

**New Site, AL 36256**

\*\*NOTE: If you would like to make a one-time donation to our school, please make checks payable to Horseshoe Bend School.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ I have received a copy of this signed authorization