**DONATIONS/DONACIONES**

**School Year 2024-2025**

August 9, 2024

Dear Parent/Guardian:

Woodward Children’s Center receives donations of fresh produce, home goods, clothing etc., from several of our community organizations, including Island Harvest and Long Island Cares.

We would like to distribute these items among students. Please indicate below if you would like to receive any donations given to us. **Without** your authorization we will **not** send donations home with your child.

If you need additional information, do not hesitate to contact us.

Sincerely,

Nicholas P. Lenoci

Principal

\_\_\_\_\_\_**YES,** I would like to receive donations, and my child is authorized to bring them

 home.

\_\_\_\_\_\_ **NO,** I do not want to receive donations.

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del Padre/Tutor :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DONATIONS/DONACIONES**

**School Year 2024-2025**

9 de agosto del 2024

Estimados Padres/Tutores:

Woodward Children’s Center recibe donaciones de productos frescos, productos para el hogar, ropa etc., de varias de nuestras organizaciones comunitarias, incluyendo Island Harvest y Long Island Cares.

Queremos distribuir estos artículos entre los estudiantes. Por favor dejenos saber si desea recibir de estas donaciones completando el formulario y devolviendolo a la escuela. Sin **su autorización no** enviaremos donaciónes a su casa con su hijo/a.

Si necesita información adicional, no dude en llamarnos.

Atentamente,

Nicholas P. Lenoci

Principal

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ **SI**, deseo recibir donaciones y mi hijo/a está autorizado a traerlos a la casa.

\_\_\_\_\_\_ **NO**, deseo recibir dociones.

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del Padre/Tutor :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_