

Appendix C

Sample Voluntary Contribution Letter

Dear Participant,

We hope you are enjoying your meals at the (PROGRAM NAME) through (RESTAURANT). The (PROGRAM NAME) provides these meals with federal, state and local funding along with voluntary contributions from participants.

We kindly suggest a voluntary contribution of (\$X) per meal, however any amount is greatly appreciated. Contributions are voluntary and no eligible person will be denied a meal for choosing not to contribute. The money goes directly back into our program and is used to help cover meal costs and program expenses. All voluntary contributions are kept confidential.

Providing a monetary tip to restaurant wait staff is not required to participate in the program. If choosing to do so, please be aware that the tip money will go directly to wait staff and not to the (PROGRAM NAME).

For individuals under the age of 60 that do not qualify for the program, the guest fee is (\$X) and should be paid directly to the restaurant **(or other directions depending on agreement with the restaurant)**.

You can mail your monthly contribution by cash or check to (AGENCY NAME) using the enclosed self-addressed envelope. Please make your check payable to (AGENCY NAME).

If you have any questions, please call (AGENCY) at (PHONE NUMBER).

Sincerely,

(AGENCY STAFF NAME)
(TITLE)
(AGENCY NAME)

Insert Agency/Provider Logo
and contact information.