

## **OPTIONAL CIMI DONATION FORM**

I would like to donate \$\_\_\_\_\_ additional funds to help a child who may need help paying for CIMI. **Please make checks payable to AEALAS. Please write your child's name and the words CIMI Donation on the memo line. *Please turn in these donations by November 18th.***

My child's name is: \_\_\_\_\_

My child's homeroom teacher is: \_\_\_\_\_

My name is: \_\_\_\_\_

Please note that any donation made will FIRST go to a child who may need financial assistance paying for CIMI. If there are any available funds left over, it will go towards lowering the overall costs for all CIMI chaperones by dividing any funds raised equally among all chaperones attending the trip.

Please email Mrs. Spaccia: [sheila.spaccia@ealas.org](mailto:sheila.spaccia@ealas.org) if you have any questions.

Sincerely,

6th Grade Team