**HSPA Hannaford Grocery Card**

**Fundraiser Program for School Year: 2019-20**

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

Mailing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Do you want a new card(s) or reload existing card(s) (Please Circle One)

If reloading existing cards, reload (card # on back of card):

Card #(19 digits) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ PIN#(4 digits) \_ \_ \_ \_

Card #(19 digits) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ PIN#(4 digits) \_ \_ \_ \_

Card #(19 digits) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ PIN# (4 digits)\_ \_ \_ \_

All funds support Teacher Grants and TedX, and if you select a portion will go to Project Graduation for the year of your choice.

\_\_\_\_\_I elect a portion to support Project Graduation. What grade level(s) do you want credited for the proceeds for Project Graduation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Monthly Deadlines:**

**2019:**  September 18th,   October 16th,   November 13th,   December 18th, 2019

**2020:** January 15th, February 10th, March 18th, April 13th, May 13th, June 10th 2019

Checks will be picked up by 5 p.m. on the due date.  Grocery cards will be activated within the next 2-3 business days.  An email confirmation will be sent to you!

***The initial month (new cards****) will be placed in the mail.*

Checks must be made payable to**: HSPA**

**Please drop off checks at the high school front desk in the Hannaford Program mail slot.**

Please include this form with your payment (*initial month only*).

The Hannaford Grocery Card Program supports teacher grants, please visit the HSPA website www.capehspa.org for more details. In addition, you may select for a portion of your donation to be directed to Project Graduation, choose this selection on the form.

**Contact the HSPA at capehspa207@gmail.com for more information.**