

YOU DO NOT OWE ANYTHING FOR RECEIVING CALFRESH BENEFITS

DATE:	CLIENT NAME:
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We received your payment dated _____ and signed by _____ in the amount of _____ dollars (\$ _____) to repay CalFresh benefits received by you in the past. You received CalFresh legally and are under no obligation to make any repayments.

However, if you wish to make a voluntary donation, you can make it payable to the FOOD AND NUTRITION SERVICE (FNS). You can send us the payment for processing, and we will forward it to the appropriate FNS office. **DO NOT SEND CASH.**

If you send a voluntary donation, you must complete the attached release form and return it, along with your voluntary donation, to our office located at:

Information on your donation(s) will not be disclosed to the U.S. Consulate General Office unless you authorize us in writing to do so.

If you have any questions regarding this notice, you may contact:

Name: _____ Phone: _____