



www.cbhcare.com



Please help us to make “every penny count!”

The CBHCare Foundation is proud to have joined Boiling Springs Savings Bank in their **Community Alliance Program (CAP)** which rewards non-profit organizations such as ours when their members or supporters bank at Boiling Springs Savings Bank (BSSB). It costs nothing to join and is an easy way for our organization to earn extra money. Awards are earned when a minimum of twenty individuals designate their BSSB account as a “donor account.”

CAP awards are calculated based on the pool of donor account balances. **No money is withdrawn from donor accounts. All donation dollars come directly from BSSB.** Information regarding the donor accounts is always kept strictly confidential and is not shared with the CBHCare Foundation. Donors are those supporters (board members, staff, consumers, their family and friends) who have designated new or existing accounts at BSSB to be used to calculate quarterly donations. Donations from BSSB to qualifying non-profit organizations are based on the average daily balance maintained in participating donor accounts at an annual rate of ¼% on Certificates of Deposit, including IRAs, all Business accounts, and all Premium and Money Market Checking or ½% on other Checking, Savings, and Money Market Savings Accounts.

Boiling Springs Savings Bank takes great pride in their tradition of being a community-minded organization and supports communities by making a positive impact on the organizations and neighborhoods within their market.

So, why not help the CBHCare Foundation? Open an account at Boiling Springs Savings Bank or designate an existing account today using the attached form. Stop in a [Boiling Springs Savings Bank](#) branch nearest you; if you have any questions call the Community Alliance Program Specialist, Debbie Cannariato at (201) 507-2137.



Community Alliance Banking Program Member Account Form

Accountholder Name _____

Address: _____

Recipient Organization Name: **CBHCare Foundation**

CAP #: **0070**

Account numbers to be included in Community Alliance Program to benefit above named organization:

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Accountholder: _____ Date: _____

Signature Verified by: _____

Member Termination Form

I _____, authorize the following accounts to be cancelled from the Community Alliance Banking Program for the benefit of the above named organization.

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Accountholder: _____ Date: _____