

Back Pack Buddies Program 2018-19
Sponsorship Form
Transylvania County Schools – Department of School Nutrition

Your Name: _____

I am sponsoring _____ child/children at \$150/each for a total of \$ _____.

I am donating _____ dollars.

Note: \$150 sponsors One Child for one year.
\$75 = Half a year, \$50 = 10 weeks, \$25 = 5 weeks

All Donations are accepted and appreciated.

Please **DO NOT SEND CASH**

Make Checks Payable to
“Change the World” or
“Change the World Relief Org”

Change the World Relief Organization is a locally operated 501(c)(3) tax exempt organization.
Donations are Tax Deductible.

_____ Please send me a receipt. I have included my return address.

I would like to sponsor a child or children at the following location(s):

Any School: _____, Rosman Schools _____, Brevard Schools _____

If you do not designate a specific school, sponsorships will be divided equally among schools.

Please mail or deliver checks to: Transylvania County Schools, School Nutrition Services,
Attn: Carolyn Barton, 225 Rosenwald Lane, Brevard, NC 28712
[We are located in the Morris Education Building]

- Please direct questions to: Carolyn A Barton, Director School Nutrition Services
Transylvania County Schools
225 Rosenwald Lane, Brevard, NC 28712
828-884-6173 phone, or cgbarton@tcsnc.org

(08/30/2018 cab)