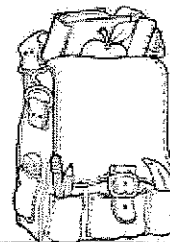


Backpack Buddies

A Community Outreach Sponsored by
Franklin County School Nutrition Association
1250 Hwy 98
Eastpoint, FL 32328
850.670.2832



Dear Sir/Madam:

The Franklin County School Nutrition Association was created to promote health and nutrition education and community involvement. Believing an Association must “give back” to the community, we are establishing a Backpack Buddies program. Because hunger doesn’t stop on the weekends, this program gives students a backpack, not for books but for food. Each Friday, participating students will receive a backpack with nutritious food and snacks for the weekend. The backpacks are returned on Monday and restocked for the following Friday.

We are asking for your help in sponsoring a child for this program. The Association will select the children who participate; and the children’s names will remain confidential. Children will be selected based on teacher recommendations, administrative recommendations, and verified economical hardship. A donation of \$25 will feed one child for one month. That is 8 breakfasts, 8 lunches, 8 dinners, and 8 snacks – which is less than \$1 per meal.

Your support is critical to the success of this program, and we appreciate any donation of any amount. We already have a waiting list for participation in this program. Please complete the donation voucher below and return to Franklin County School’s Nutrition Services Department. Your donation is tax deductible; our tax ID # is 45-1868057.

Thank you for your consideration and support,

Robin Tennille

Robin Tennille
Franklin County School Nutrition Association

I would like to sponsor a child for the Backpack Buddies Program!

Sponsor’s Name: _____

Mailing Address: _____

Email: _____

Phone: _____

_____ I would like to sponsor a child for one year. My donation of \$300 is enclosed.

_____ I would like to sponsor a child for one month. My donation of \$25 is enclosed.

_____ I will send a check for \$25/month to sponsor a child for one year. (Send to address above.)

_____ My donation for \$ _____ is enclosed.

(Checks should be made payable to Franklin County School Nutrition Association.)

Who contacted you about this program? _____