

Back Pack Buddies Program School Year 2021-22
Sponsorship Form

Coordinated By:
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 in any amount 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, No administrative fees are charged.

Please be sure to include your return address for US Mail, as we are required to send receipts with each donation. DO NOT SEND Cash.

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