



SUPPORTER FORM

Name/Organization: _____

Mailing Address: _____

Contact Person: _____

E-mail: _____ **Date:** _____

Phone: _____ **Fax:** _____

Please indicate with a check mark your level of support. The donation deadline is July 30, 2021:

_____ Yes, we are pleased to support Operation Backpack by donating _____(number) backpacks filled with school supplies.

_____ Instead of providing backpacks, we will donate the following **tax-deductible** amount towards the purchase of backpacks and supplies: \$_____.

Payment method:

By Check: Please make checks payable to Wilson County Schools (Tax ID: 56-6001134). Indicate "Operation Backpack" in the memo section.

By Invoice: Please indicate if you would like to receive an invoice to facilitate payment.

Please return form and check (if applicable) to:

Wilson County Schools
Attn: Amber Lynch
PO Box 2048
Wilson, NC 27894
amber.lynch@wilsonschoolsnc.net
Phone: 252-399-7712 Fax: 252-399-2776