

**SPONSORSHIP FORM**  
**Transylvania County Schools**  
**Department of Child Nutrition**

**Back Pack Buddies Program 2011 – 12**

Your Name:

\_\_\_\_\_

We/I am sponsoring \_\_\_\_\_ children at \$150 / each for a total of \$ \_\_\_\_\_.

I have enclosed my check made payable to “Change the World Relief Organization”.

\_\_\_\_\_ Please send me a receipt. I have included the return address.

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

Rosman Schools: \_\_\_\_\_, Brevard Schools: \_\_\_\_\_,

Any School: \_\_\_\_\_

\*\*\*\*\*Please DO NOT SEND CASH \*\*\*\*\*

**Make Checks Payable to:**

“Change the World Relief Organization”, (a local 501 © 3 organization)

**Please mail or deliver checks to: Transylvania County Schools, Morris Education Center,  
Child Nutrition Department, 225 Rosenwald Lane, Brevard, NC 28712. 828-884-6173 phone,  
Attn: Carolyn Barton**

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