

The "Snack Pack" Program

**Providing the Students of
Norwood-Norfolk Central School
With Healthy Weekend Snacks**

DONATION FORM

I wish to help the Snack Pack Program with my donation.

Name: _____

Address: _____

I will sponsor _____ student/s at \$10 per month (\$100 for the school year). Total \$_____.

I will make a tax deductible donation to the program of \$_____.

Signature: _____

Checks should be made out to **Norwood Norfolk Snack Pack** and sent with this form to:

**Denise diVincenzo
31 Prospect St.
Norwood, NY 13668**

Thank you for your generosity in supporting the health and well-being of our students.

Your donation is tax deductible through a partnership with *Norwood Kiwanis Memorial Community Service Foundation, Inc.*