

OPERATION BACKPACKS



I WOULD LIKE TO PURCHASE A BACKPACK FOR A CHILD IN NEED.

_____ x \$ 25.00 = \$ _____
of backpacks each TOTAL

Name _____ Phone _____

Address _____ City _____

Postal Code _____ Email _____

Workplace (if applicable) _____

Cheque

Credit Card

Expiry _____ Signature _____



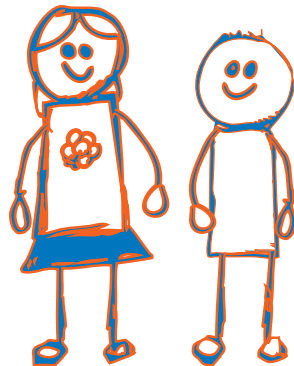
United Way
Chatham-Kent

519-354-0430

Please mail this form and payment to: UNITED WAY OF CHATHAM-KENT

Box 606

Chatham, ON N7M 5K8



Charitable #: 119278166 RR0001