

Adopt-A-BackPacker

In the United States, nearly 17 million children under 18 live in households where they are unable to consistently access enough nutritious food necessary for a healthy life.

Yes, I want to adopt a child on the Backpack Program. For every \$120 gift, a child will receive a bag of food every week for an entire school year!

Check one:

One-time gift of \$120

One-time gift of \$_____

Check one:

I want to adopt a child in the county with the greatest need

I want to adopt a child in Fulton County Schools

Make checks payable to: Feeding America, C/O Purchase Area Development District PO Box 588 Mayfield, KY 42066

Participating counties: Barren, Breckinridge, Butler, Caldwell, Carlisle, Casey, Clinton, Cumberland, Edmonson, Fulton, Graves, Grayson, Green, Hardin, Hart, Hickman, Larue, Logan, Marion, McCracken, Meade, Metcalfe, Monroe, Muhlenberg, Nelson, Ohio, Russell, Simpson, Taylor, Trigg, Warren, Washington and Wayne.

SUPPORTER INFORMATION:

NAME: _____

ORGANIZATION (No abbreviations):

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____

EMAIL: _____

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313 Peterson Drive
P.O. Box 821
Elizabethtown, KY 42702



Phone: (270) 769-6997
Fax: (270) 769-9340
Web: www.feedingamericaky.org

Dear Parents:

We are pleased to offer the **BACKPACK Program** to Fulton County. Feeding America, Kentucky's Heartland Food Bank has formed a partnership with a non-profit member agency and area schools to provide children with a variety of non-perishable food items such as fruit cups, granola bars, milk, cereal and canned meals. Personal hygiene products such as toothpaste, shampoo and soap may also be included.

The **BACKPACK Program** is voluntary and is offered at no cost to participants. Children referred to the program will receive a variety of items in their backpacks on Thursday or Friday afternoons. Please complete the attached permission slip and have your child return it to his or her teacher. The school, sponsoring agency and volunteers implementing the program, will keep your child's name confidential.

Sincerely,

Milissa French
Feeding America, Kentucky's Heartland
BackPack Program Coordinator



BACKPACK PROGRAM PERMISSION SLIP

I give permission for my child, _____, a student at _____
Fulton County Schools _____ to participate in the **BACKPACK Program**. I understand that the program is voluntary and offered at no cost or obligation. I also understand, that the bags may include products containing peanuts, wheat, milk or other common food allergens and that it is my responsibility to ensure the items are appropriate for my child to consume.

Parent or legal guardian

Date