

# FBC Backpack Buddies



Name: \_\_\_\_\_  
(First Name) (M.I.) (Last Name)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Email: \_\_\_\_\_

How do you want to help?

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Picking Up from the Food Bank (a truck is needed) |
| <input type="checkbox"/> | Setting Up (Anytime before Wednesday)             |
| <input type="checkbox"/> | Packing of Bags & Loading into Van (Wednesdays)   |
| <input type="checkbox"/> | Delivering (Thursdays)                            |
| <input type="checkbox"/> | Administrating the Program                        |

When completed, please send to [fbsmithfieldforms@gmail.com](mailto:fbsmithfieldforms@gmail.com)!

