

**BROOKFIELD BACKPACK CHARITABLE FUND  
DONATION PLEDGE CARD**



**Personal Information**

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DONATION**

YES, I would like to commit to supporting a child

1 Year \$180 \_\_\_\_\_ \$50 \_\_\_\_\_ \$25 \_\_\_\_\_ Other Amount \$ \_\_\_\_\_

Please make checks payable to:



LIKE US

"The Brookfield Backpack Charitable Fund"

**Community Foundation of W PA & E OH**  
**(Write "Brookfield Backpack Charitable Fund" in the memo line)**  
c/o Trumbull County Community Foundation  
7 West State Street, Suite 301  
Sharon, PA 16146

*The Community Foundation is a 501(c)3 organization. Gifts to this non-profit organization qualify for federal and state tax deductions or credits as laws allow.*

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