



2021-2022

OPERATION BACKPACK

\$20

**ELEMENTARY
SCHOOL**

**BACKPACK
& SUPPLIES**

\$25

**MIDDLE
SCHOOL**

**BACKPACK
& SUPPLIES**

\$35

**HIGH
SCHOOL**

**BACKPACK
& SUPPLIES**

YOUR GIFT IN ANY AMOUNT WILL HELP A STUDENT THRIVE THIS ACADEMIC YEAR!

DONATION INFORMATION

Name: _____
 Address: _____ City, State, Zip: _____
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PLEASE MAKE MY DONATION IN THE AMOUNT OF:

\$20 \$25 \$35 Other: \$ _____

PAYMENT INFORMATION

- Please accept my donation as a payroll deduction (Cooper employees only)
 Signature: _____
- Credit Card
 Card Type: Visa MasterCard American Express Discover
 Name on Card: _____ Signature: _____
 Card #: _____ Expiration: _____ CVV: _____
- Enclosed is my check (Make payable to The Cooper Foundation)

SEND COMPLETED DONATION FORM TO

The Cooper Foundation
 3 Cooper Plaza, Suite 500
 Camden, NJ 08103
 or fax: 856.342.2109



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foundation.cooperhealth.org/give/employee-giving-opportunities/