

Potsdam Snack Pack Program
200 Market Street, #228
Potsdam, NY 13676
info@potsdamsnackpack.org

The Potsdam Snack Pack Program
*Providing Healthy Snacks to Potsdam Central School Students
on Weekends and Holidays*

Donation Form

I wish to help the Snack Pack Program with my donation.

Name: _____

Address: _____

You can support a student for as little as **\$10 a month**. For a donation of \$100 a child in need of nutritional food can be helped for one year.

I will make a tax deductible donation to the program of \$_____.

Signature: _____

Checks should be made out to **Potsdam Snack Pack Program** and sent with this form to:

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Donations are tax deductible through our partnership with New Hope Community Church.

Thank you for your generosity in supporting the health of our students.