



OPERATION BACK TO SCHOOL

2024 - 2025 Academic Year

\$25 =
1 supply-filled
backpack

\$50 =
2 supply-filled
backpacks

\$100 =
4 supply-filled
backpacks

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

DONATION INFORMATION

Corporate Personal

Organization _____ Primary Contact _____

Phone _____ E-mail _____

Address _____ City _____ State _____ Zip Code _____

PLEASE MAKE MY DONATION IN THE AMOUNT OF:

\$25 \$50 \$100 Other: \$ _____

PAYMENT INFORMATION

- Check Enclosed. Please make check payable to *The Cooper Foundation*
- Please accept my donation as a payroll deduction (Cooper employees only)

Signature: _____

Charge Credit Card Below Master Card Visa Discover Amex

Card # _____ Expiration Date _____ CVV _____ Charge Amount _____

Name on Card _____ Authorized Signature _____ Date _____

Billing Address (if different than above) _____ City _____ State _____ Zip Code _____

SEND COMPLETED DONATION FORM TO TARA ELK AT THE COOPER FOUNDATION.

📍 101 Haddon Avenue, Suite 302, Camden, NJ 08103 ✉ elk-tara@cooperhealth.edu

☎ 856.342.2109 📞 Call Tara at 856.583.2162 • Internal at 110-7013

TO DONATE ONLINE, VISIT
foundation.cooperhealth.org/give/employee-giving-opportunities/

