



# Packsac Smiles Organization

Name: \_\_\_\_\_

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

\_\_\_\_\_

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

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

How did you hear about Packsac Smiles Organization?

Which specific functions would you be interested in performing?

Please check all that apply.

- Shopping for the children~ June/July
- Drop off night (1st check of backpacks)~ July
- Quality Control (2nd check of backpacks)~ Aug
- Delivery of backpacks to children~ Aug

Suggestions : We welcome any suggestions you feel will help the organization and it's efforts.

By signing below I agree that Packsac Smiles Organization can retain the information provided in a confidential file. I hereby grant permission to Packsac Smiles Organization to take and publish images /audio of myself in the promotional materials and on the Packsac Smiles Organization website and social media.

I also agree to receiving updates from Packsac Smiles Organization through e-mail..

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Thank you for your ongoing support and dedication to the Packsac Smiles Organization

*P.S. we care*

P.O. Box 893, North Bay, Ontario P1B 8K1