



Brookings Backpack Project Gift Form

This gift is (*check one*): Honorary Memorial

Name of person being either honored or memorialized _____

This gift is from (*please print clearly*):

First Name _____ Last Name _____

Street Address _____

City, State, Zip _____

E-Mail Address (if any) _____

Check here if you would like your gift to be anonymous.

Amount of Your Gift: \$ _____

Please make your check payable to "Brookings United Church of Christ (BBP)". The Brookings Backpack Project (BBP) operates under the 501(c)3 umbrella of the church.

Person you wish to be notified of your gift (*please print clearly*):

First Name _____ Last Name _____

Street Address _____

City, State, Zip _____

Your signature _____ Date _____

Please print, complete, sign and and mail this form with your check to:

Brookings Backpack Project
c/o BUCC
828 8th St. South
Brookings, SD 57006