Yes! I will help local students in need!

Email Address



Your gift will provide school supplies for area students living in poverty.

Please attach this form with your donation and hand it to your event coordinator.

Gift Amount:	Giving Method:	
☐ I am giving \$200 to provide a child with essential school supplies for an entire academic year.	☐ Cash	
	☐ Check (payable to Teache	rs' Teammates)
□ I am giving \$25 to provide a child with a backpack filled with basic school supplies.	☐ Credit Card	
☐ I am giving \$ to support students served by Teachers' Teammates.	Card Number	
Teachers' Teammates offers free school supplies to approximately 37,000 students and their teachers in 74 public, charter and parochial schools within the boundaries of the 7 most high needs school districts in Delaware County, PA.	Expiration Date	CVV Code
	Name on Card	
My Contact Info: This section must be completed	in order to receive a tax	receipt for your donation.
First Name	Last Name	
Street Address	City, State	Zip
	Phone Number	
Email Address	Thoric Number	
Yes! I will help local students in	n need!	TEACHERS'
	ving in poverty.	TEACHERS'A TEAMMATES
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Phone Number