



BACM Food Pantry Fall Fundraiser

Name: _____

Address: _____

Donors will be recognized on our website www.BACM.org, in the Barberton Herald, when permitted, and on Facebook.

Please check this box if you wish to remain anonymous.

Amount donated: _____ Check # _____

Payable to BACM, mailed to 939 Norton Ave, Barberton OH 44203

Call BACM office at (330) 745-3693 to donate by credit card.

Thank you for your support!



BACM Food Pantry Fall Fundraiser

Name: _____

Address: _____

Donors will be recognized on our website www.BACM.org, in the Barberton Herald, when permitted, and on Facebook.

Please check this box if you wish to remain anonymous.

Amount donated: _____ Check # _____

Payable to BACM, mailed to 939 Norton Ave, Barberton OH 44203

Call BACM office at (330) 745-3693 to donate by credit card.

Thank you for your support!

