

HUGS NOT DRUGS®
FAMILY LIFE INTERNATIONAL, INC.
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LAKE WORTH, FL 3 3 4 6 0
WWW.HUGSNOTDRUGS.COM 8 0 0 - 7 0 0 - 6 6 9 7

2007 First Annual National Backpack Giveaway Program

2007 School Year

Dear Events Chairperson(s),

Schools, organizations, and religious groups are invited to join Family Life International and its Hugs Not Drugs® Program in the 2007 First Annual National Backpack Giveaway Program. Starting immediately, this charitable program's goal is to benefit your community's underprivileged, elementary school children by providing Backpacks, filled with school supplies, to be donated by your generous local merchants.

For the last 5 years, Family Life International, Inc. has sponsored an ongoing Backpack Giveaway Program, benefiting elementary school children in low income, at-risk communities near its South Florida Headquarters. Thousands of Backpacks, filled with necessary school supplies along with Hugs Not Drugs® items, are distributed each year to children in need. Now, this program has launched in your neighborhood.

I, _____, am the Volunteer Project Leader of the First Annual, National Backpack Giveaway Program, registered as such with Family Life Int'l. You may contact me at Phone _____, Cell _____, Email _____. To confirm my legitimacy as Volunteer Project Leader, you may call FLI, Inc. Headquarters at 800-700-6697, or send an email inquiry to FLIHND@aol.com.

School starts soon, as you know. Those participating schools, organizations, and religious groups will want to immediately select their Backpack Liaison(s) and register quickly with FLI, Inc. Headquarters. Please complete the registration form attached to this letter, or ask me, your Volunteer Project Leader, for a registration form, or download a registration form at www.hugsnotdrugs.com .

Organization and school registrants should provide to the Volunteer Project Leader a list of students recommended to receive free Backpacks. The Program's goal is to provide Backpacks for students in need, but, please keep in mind; local merchants may only be able to supply a limited number for this first event. Please remember, these Backpacks are not rewards for the best students, but meant to help those "most in need".

Poster Contest: As an integral part of this Program, participating organizations and schools are invited to include all elementary students in our local, Hugs Not Drugs® Poster Contest. Students chosen to receive Backpacks will submit their Hugs Not Drugs® poster to the designated local store, as their "claim ticket" for a Backpack. All other posters should be mailed to our Hugs Not Drugs® Florida headquarters. One poster winner from each grade will be chosen to receive a Hugs Not Drugs® Survival Kit. Please make certain each child's name, grade, school and teacher is written on the back of their poster. Prizes will be mailed to the school.

Local merchants, who generously join this community effort, will donate Backpacks to the Project, filled with school supplies, i.e., pencils, scissors, erasers, rulers, notebooks, a Hugs Not Drugs® Button, and a Hugs Not Drugs® Bumper Sticker. As this is a new project, it's

impossible to anticipate, or guarantee, how many Backpacks local merchants will donate. As part of my commitment as your Volunteer Project Leader, a public service announcement will be issued to major local media, as soon as possible, listing participating merchants.

If you need further help, please contact the FLI, Inc. Headquarters at 800-700-6697. All forms and letters explaining the Backpack Giveaway Program are on the charity's website at www.hugsnotdrugs.com.

With your valuable participation, we look forward to rolling out our 2007 First Annual National Backpack Giveaway Program. Our children are our future. Let's help them prepare for *their future today* by giving them necessary tools for educational and personal success.

Sincerely, and Charitable Yours,

Ruth Harris, Founder/Executive Director
Marla Gideos, Director of Operations

Hugs Not Drugs®
School/Organization Registration Form
2007 First Annual National Backpack Giveaway Program

Date: _____

School/Organization Name: _____

Address: _____

City, State and Zip: _____

Phone: _____ Fax: _____

Email: _____

Estimated # of Students _____

Liaison(s) Name: _____

Liaison Address: _____

Liaison Phone: _____ Fax: _____

Liaison Email: _____

Thanks in advance for your valuable
participation. Please mail/fax this form to:

Hugs Not Drugs®
1013 Lucerne Avenue, Suite 1
Lake Worth, FL 33460

or
FAX TO: 561-585-9411