

# Womankind

MATERNAL AND PRENATAL CARE CENTER

**Thank you** for your interest in considering a Baby Bottle Fundraiser for Womankind this year. We are so grateful for your willingness to even consider helping us raise needed funds and friends for Womankind.

So that we can ensure the availability of an adequate supply of bottles for your church/school/group, please provide us with the following information and **fax** it to me if you choose to help. **(216) 662-2701.**

Feel free to contact me with any questions or concerns you may have if you plan this event. I can be reached by **phone at (216) 662-5700.**

Again, thank you for your support of Womankind and your efforts on our behalf.

Nancy Ilg, Development Director

PLEASE FAX THIS INFORMATION TO: **(216) 662-2701**

Our church/school/group \_\_\_\_\_ will distribute \_\_\_\_\_ (# of small bottles\*)  
AND/OR \_\_\_\_\_ (# of big bottles) the week (s) of \_\_\_\_\_ and collect them the week of \_\_\_\_\_.  
\*(For churches, number of bottles should be based on average number of envelopes returned per weekend)

**We: (indicate your pick up/delivery preferences)**

- \_\_\_\_\_ A) would like empty bottles delivered by Womankind to (location) \_\_\_\_\_  
on \_\_\_\_\_ (date).
- \_\_\_\_\_ B) will pick up bottles from Womankind ourselves on \_\_\_\_\_ (date).
- \_\_\_\_\_ C) would like full bottles to be picked up by Womankind staff at end of fundraiser.
- \_\_\_\_\_ D) will count and bank the money ourselves, write a check to Womankind, and return empty baby bottles to Womankind
- \_\_\_\_\_ E) will count/bank money ourselves, write check to Womankind, but prefer Womankind to pick up empty bottles at end of the counting.
- \_\_\_\_\_ F) will return full and unused bottles to Womankind the week of \_\_\_\_\_ (date).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person's E-mail \_\_\_\_\_

***Womankind thanks you for your support***