



**WOMANKIND'S 35th ANNIVERSARY GALA
FRIDAY, NOVEMBER 5, 2010
DONATION FORM
TAX ID# 51-0168651**

Please complete this form and return it to the Development Office at:
Womankind Maternal and Prenatal Care Center
5400 Transportation Blvd., Suite 10
Garfield Heights, Ohio 44125
Fax: (216) 662-2701

If you have any questions, please call Bernadette or Eileen at (216) 662-5700.

Donor Name (Company): _____
Contact Person: _____
Title: _____ **Phone:** _____
Full Address: _____
City _____ **State** _____ **Zip** _____
Solicited by (Womankind contact) _____
Check here if you wish your gift to remain anonymous _____

ITEMS AND/OR SERVICES	FULL VALUE OF GIFT
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
Total Donation:	\$ _____

Can this (these) item(s) be exchanged or transferred? _____

Any legal or time restriction? _____

Additional comments: _____

I confirm the above information is correct: _____
donor's signature

THANK YOU FOR YOUR SUPPORT! Womankind is a non-profit agency, providing high quality prenatal care and a full range of support services to pregnant women and their families at no cost to the client. This donation is tax deductible.

FOR OFFICE USE ONLY:			
Date	Date	Date	Date
Received: _____	Entered in database: _____	Acknowledged: _____	Filed: _____

Revised 06/28/2010