



W O M A N K I N D

Maternal and Prenatal Care Center

Date _____

Thank you for your interest in receiving material to conduct a Baby Bottle Fundraiser for Womankind. We are so grateful for your willingness to consider helping us raise needed funds and awareness for the services Womankind provides.

So that we can ensure the availability of an adequate supply of bottles for your church, please provide us with the following information and **fax** it to me if you choose to help. (216) 236-6202 FX.

Feel free to contact me with any questions or concerns you may have if you plan this event. I can be reached at (216) 236-6200 x 2.

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

Very sincerely,
Patti Bertschler
Patti Bertschler, Womankind Baby Bottle Fundraiser Coordinator

FAX THIS INFORMATION TO: (216) 236-6202 (comes directly to Patti B.)

Our church/school group _____ will distribute _____ (# of small bottles*) AND/OR _____ (# of big bottles) the week (s) of _____.

***(For churches, number of bottles should be based on average number of envelopes returned per weekend)**

and collect them on the weekend of _____.

- We _____
- A. Would like empty bottles dropped off by Womankind at church/school 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.

Signature _____ Date _____

Print Name _____ Title _____

Contact Person _____ Phone _____

Womankind thanks you for your support