

**WOMANKIND'S 14<sup>th</sup> ANNUAL HEARTS AND HANDS LUNCHEON  
SUNDAY, SEPTEMBER 28, 2008  
THE INTERCONTINENTAL HOTEL  
DONATION FORM**

**TAX ID# 51-0168651**

**Please complete this form and return it with your donation to the Development Office  
BY SEPTEMBER 1<sup>st</sup>**

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 do not hesitate to call Bernadette or Eileen at  
(216) 662-5700. Thank you.**

**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 \_\_\_\_\_

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

*(Please use reverse side for additional item details/descriptions)*

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

Expiration date/restrictions/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.

<b>FOR OFFICE USE ONLY:</b>			
Date	Date	Date	Date
Received: _____	Entered in database: _____	Acknowledged: _____	Filed: _____