

SPARE CHANGE FOR NEW MOMS

Baby Bottle Fundraising Program Application Form

1. Organization Name: _____
2. Contact Person: _____
3. Address: _____
- City: _____ State: _____ Zip: _____
5. Day Phone: _____
6. E-Mail Address: _____
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7. We Would Like to Participate Beginning (Date): _____/_____/2005.
8. We will End the Fundraising Drive on (Date): _____/_____/2005.
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9. Number of Registered Families/Employees/Students: _____
10. Number of Baby Bottles we would like to receive: _____
11. Number of Promotional Posters we would like to receive: _____
12. How would you like to receive bulletin copy? (check one):
 via postal mail via e-mail
-

13. Contact Person for Delivery/Pick-Up of Bottles (if different from primary contact):

Name: _____

Day Phone: _____

RETURN FORM TO:
Suzanne Devane
Director, Resource Development
New Moms, Inc.
2825 West McLean Avenue – Chicago, IL 60647
PH: 773/252- 3253 – FAX: 773/252- 5320
sdevane@newmomsinc.org