

The Baby Fold Donation Form

Date: _____ Staff Receiving Donation: _____

Monetary Donation Amount: \$ _____ In-Kind Donation Value: \$ _____

Description of in-kind donation items: _____

Donor Information

(if applicable) Organization: _____

(circle one) Mr. Mrs. Ms.: _____

Address: _____

City: _____ State: _____ Zip: _____

(circle one) Home Cell Business Phone: _____ Email: _____

Donor Signature: _____ TBF Staff Signature: _____

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