



Donation Form

The Broward Healthy Start Coalition, Inc. and the many pregnant women and infants being served, gratefully acknowledge your generous donation. Thank you!

Donor's Name: _____
(Print First Name) (Print Last Name)

Corporate/Group Name: _____ **Your Title:** _____

Following address is my: Home Address Corporate Address Other: _____

Street Address: _____ **Suite:** _____

City / State / Zip: _____

Home Phone: () _____ **Work Phone:** () _____ **Ext.:** _____

Fax: () _____ **E-mail Address:** _____

This donation is: Individual Corporate Faith-Based School Civic Organization

Complete Description of Donation (i.e. Baby items, Maternity etc).	Quantity	Estimated Value

A written appraisal must accompany this form if a specific item is valued at \$5,000 or more

Pledge Amount: \$ _____

Make checks payable to Broward Healthy Start Coalition, Inc.

Donor's Signature: _____ **Date:** _____
(By signing this form you are agreeing that no goods or services were exchanged in return of your donation)