

**Yes, I would like to make a tax deductible donation.**

<input type="checkbox"/>	Prenatal care for one mom	\$1000
<input type="checkbox"/>	Counseling for postpartum mom	\$ 500
<input type="checkbox"/>	Car seat & stroller	\$ 250
<input type="checkbox"/>	Childbirth education class series	\$ 100
<input type="checkbox"/>	Diapers & needed baby care items	\$ 50
<input type="checkbox"/>	General donation	\$_____

Note: These categories represent the costs of specific services. Donations will be pooled and used as needed to support the moms, families and babies.

**HOW TO DONATE**

**Credit Card:**

VISA, M/C # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security # \_\_\_\_\_

Name \_\_\_\_\_

*(please clearly print as it appears on your card)*

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Phone:** 305-293-8424    **Fax to:** 305-293-8542

**Make check payable to:** Florida Keys Healthy Start Coalition

**Mail to:** 1100 Simonton Street, Key West, FL 33040