

**Donation FORM**

Our company is pleased to support the following event by a sponsorship grant at the level indicated below.

Event name **2023 Oh Baby- Diapers & More Drive-thru**

Sponsoring company \_\_\_\_\_

Contact name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

**Please indicate the sponsorship level.**

[ ] Baby Hygiene Products \_\_\_\_\_ Quantity

[ ] Toys (0-12 months old) \_\_\_\_\_ Quantity

[ ] Gift Card \_\_\_\_\_ Amount \_\_\_\_\_ Quantity



**OR**

[ ] Check - Make it payable to: Healthy Start Coalition of Seminole County, Inc.

**Memo: 2023 Oh Baby- Diapers & More Drive-thru**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

