



Holistic Moms Network Contribution Form

Yes! I want to help other parents find the support and resources they need!

NAME	
ADDRESS	
CITY/STATE/ZIP	
PHONE	
EMAIL	
MEMBER? (YES/NO)	
CHAPTER NAME / NUMBER (IF APPLICABLE)	

Contribution amount (in U.S. funds)

I want to support the Vision and Purpose of the **Holistic Moms Network** to help build local communities for moms! Here is my tax-deductible donation of:

_____ \$25	_____ \$100
_____ \$30	_____ \$250
_____ \$50	_____ \$500

_____ Other amount (please specify) \$_____

I would like \$_____ of my donation to be allocated to the **Helping Moms in Need** Program, providing HMN Memberships to moms in financial need.

Make checks payable to: **Holistic Moms Network**
And mail along with this completed form to:
P.O. Box 408, Caldwell, NJ 07006

Any financial support you provide to Holistic Moms Network is greatly appreciated. You receive our deepest thanks; however, no other promotional endorsement will be forthcoming. This donation is tax deductible. For your records, Federal income tax law requires us to inform you that no goods or services were provided to you in return for your gift.

Thank you for your generosity!