



## The Safe Motherhood Quilt Project Donation Form

Please print this form and mail it along with your contribution to:

The Safe Motherhood Quilt Project

3619 Summertown Highway  
Summertown, TN 38483

### Personal Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Donation

Amount of Your Donation: \_\_\_\_\_

In Memory of: \_\_\_\_\_

**The Safe Motherhood Quilt Project** is a non-profit Organization under Section 501 (c)(3) of the Internal Revenue Code. All donations are tax deductible to the full extent permitted by law.