



### Baby Bottle Blitz Donation

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**For a tax receipt, please check the box below and fill in the bottle donation amount:**

Yes, I want a tax receipt.                      \$ \_\_\_\_\_ Total Amount in Bottle

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