



Membership and Donation Mail-in Form

First Name: _____ Last Name _____

Title if any: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Your personal information will only be used for member communications in accordance with our privacy policy.

Make Checks Payable to: **Breastfeeding USA**

Mail to:

Breastfeeding USA
c/o Patty Jacobs
1507 Pearl Street
Alameda, CA 94501

Check your option

Regular Membership		\$35.00
Friend of BfUSA		\$35.00
Donation		
Total		\$

Thank you for supporting the Breastfeeding USA mission to provide evidence-based breastfeeding information and support, and promote breastfeeding as the biological and cultural norm.

Breastfeeding USA is a 501(c)(3) tax deductible, nonprofit organization. **EIN 27-3310090**