

Membership and Donation Mail-In Form

BreastfeedingUSA.org



**BREASTFEEDING
USA**

Contact Information

_____	_____	_____	_____
Title	First Name	M.I.	Last Name
Address 1			
Address 2			
_____	_____	_____	_____
City/Town	State/Area	Zip/Post Code	Country
_____		_____	
Email Address		Phone Number	
Your personal information will only be used for member communications in accordance with our privacy policy.			

Join/Donate

<u>Options</u>	<u>Select</u>	<u>Amount</u>
Regular Membership		\$35/year
Donation		\$ _____
Total		\$ _____

Make checks payable to:

Breastfeeding USA

Mail To:

505 Mount Parnassus Road
East Haddam, CT 06423

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.

BreastfeedingUSA.org

501(c)(3) tax deductible, nonprofit organization. EIN 27-3310090.