

ODIM GUATEMALA COMMUNITY-DRIVEN HEALTHCARE AND EDUCATION.

DONATION FORM

Please complete and return this form with your **check** payable to ODIM using the enclosed envelope or to the following address:

Martha Stowe 1527 Waterside Ct. Dallas, Texas, 75218

You may also donate by **credit card** using Paypal online at: odimguatemala.org/donate

1,000 DAYS TO CHANGE A CHILD'S STORY

I want to have a life-changing impact on a child's future and help break the cycle of poverty by improving nutrition and care for mothers and children in the 1,000 days from a woman's pregnancy through to her child's 2nd birthday. My gift can help provide the following:

\$5,000 Pays our nurse midwife to do her life-saving work for one year.

Ш	\$1,200	Covers program costs for one mother and baby through their entire first 1000 days.			
	\$750	Emergency transport to regional hospital for 30 women with life-threatening complications.			
	\$500	Runs a month of support groups and holistic care to all women.			
	\$250	Provides one malnourished child with supplementary food treatment for 18 months.			
	\$100	Gives 6 months of formula to a baby who is not receiving adequate nutrition from breastmilk.			
	\$75	Provides a class to share vital child health and nutrition curriculum with all women.			
	\$50	Equates to fortified food provisions for twenty mothers and babies with limited resources.			
	\$25	Buys one Safe Birth Kit everything a woman needs for a safe, hygienic birthing experience.			
	\$	Other donation amount (please write in)			
	1	Donations enable everything we do. Your gift will be used impactfully where it is needed most.			
My Information					
Nar	ne:			My company has a donation matching program	
Phone number:			Ш	My company has a donation matching program	
Email:				I am interested in becoming an ODIM Health	
Address:			Ш	Ally through a recurring monthly donation.	
				Contact me about donating stock, medical supplies, or other in-kind donations.	
Additional notes:					