

Church/Group: _____Pastor:

Address:

Contact Person or Church Liaison:

2024 Baby Bottle Order Form

| E-Mail: Ph | ione: |
|---|---|
| ☐ We will participate from Mother's Day to Father's Day! | |
| ☐ We would like to participate on these dates instead: | |
| ☐ We would like someone from FCWS to come speak or table at our church on | |
| Two Ways to Participate: | ☐ Speaker ☐ Table ☐ Both |
| ■ Baby Bottles: Number of Bottles needed: Posters: **Handouts will be provided according to the quantity of bottles requested | |
| ☐ Take Up a Special Offering: Number of envelopes needed: | |
| <u> </u> | ill PICK UP the bottles from our local rethe week of: April 29 Other: |
| HOW & WHEN would you like to turn in your bottles? | |
| | ill DROP OFF our bottles at our local or the week of: June 3 June 10 June 17 June 24 Other: |
| Preferred location if you plan to pick up & drop off bottles from a FCWS Center: Baker Clay Kernan Mandarin Northside St. Augustine | |
| To fill out this form online, or to access more information, digital resources, and client testimonies for the Baby Bottle Campaign, visit friendsoffirstcoast.org/events/baby-bottles-2 or scan the QR code below. | |
| Please email this sheet to mbevis@fcwsprc.org | |

or mail to First Coast Women's Services at 3475 Kernan Blvd. S. Jacksonville, FL 32224 For questions or assistance, contact MK Bevis: mbevis@fcwsprc.org or (904)549-6114