PLEASE SUPPORT BABY UNIVERSITY!

100% of Your Tax Deductible Donation Directly Supports Family Education

Yes, I would like to Adopt a Fa	amily for	the	_ session o	of	<u>.</u>		
Yes, I would like to Adopt	_ Family	(ies) for n	nultiple se	ssion(s)/y	year(s) (0	Circle the	ose that apply)
Sessions	:						
	2016	2017	2018	2019	2020	2021	2022
Total: (Each Family is \$1,000/session	on)	\$		-			
This Contribution shall be payable	as follov	vs:					
\$ enclosed							
\$ on or before							Date(s)
Ask us about gifting of securities o	r Estate	Planning.					
Name:							
Address:							
City:		State:		Zip Co	ode:		_
Telephone:							
Email:							
(Will not be sold to telemarketers. tax receipts, etc.).	For Bab	y U use o	nly to forv	vard upd	ated info	rmation	about your family, year- end
Please make payments to:							
Baby University							
860 Orchard St.							
Toledo, OH 43609							
We will proudly be displaying your	name o	n our web	site donc	r page.			
Yes, please list the name as:							
No thanks.							
-							
Signature			Date	<u> </u>			