goMOMS
GREATER OAKLAND MOTHERS OF MULTIPLES

GoMOMS Philanthropy Request Form

Date Submitted

Name of person in need:

Contact Information (to notify them if GoMOMs is able to help):
ex. Email, Phone, Address

Explain this person's situation and why you believe they are in need of assistance:

How would you recommend that GoMOMs help this person (Circle One please) ?

1) Meals
2) Membership fee waived
3) Monetary Donation
4) Gift Card
5) Other

If Other, please explain:

Please return to a Board Member at a meeting, or mail to:
GoMOMS
Attn: Philanthropy
PO Box 210226
Auburn Hills, MI 48321

This information will be kept private, shown only to the board members to be voted on.