

**LA Baby Mommas**  
**9649 Calliope Lane**  
**Shreveport, LA 71115**  
**A 501 (C) (3) Non-Profit Organization**  
**Federal tax ID # 46-1131728**

**PLEASE COMPLETE THIS FORM AND INCLUDE IT WITH YOUR DONATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

I have donated the following items to LA Baby Mommas, for which the charitable organization provided no goods or services.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Representative Signature: \_\_\_\_\_

Donor's estimate of fair market value of these items at this time: \$ \_\_\_\_\_ (\*)

(\*) Please note that the values you attach to these donations are your own estimates and as such the above named rescue is unable to take any opinion as to these values. If the value you place on your donation is \$250 or more, this form will be needed as proof of your donation for tax deduction purposes. Please include this with your package and retain a copy for your records.