



**CIMS**  
COALITION FOR IMPROVING  
MATERNITY SERVICES

## DONATION FORM

Your financial support of CIMS helps to Make Mother-Friendly Care A Reality. We appreciate that supporting CIMS with a financial contribution is a significant and generous commitment. To make it as easy as possible, we've included the option to break your contribution into more than one payment so that it makes sense for you.

### Your Contact Information:

Name: \_\_\_\_\_ Credentials/Degrees: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web site: \_\_\_\_\_

Organizational Affiliation (if any): \_\_\_\_\_

I am a: ☐ Consumer ☐ Childbirth Educator ☐ Doula ☐ Nurse  
☐ Birth Advocate ☐ Lactation Consultant ☐ Midwife ☐ Physician

☐ Please do not include my name in the donor list on the CIMS web site.

☐ Please send me more information on becoming an Individual Member of CIMS.

### Payment information:

☐ A check for \$ \_\_\_\_\_ is enclosed.

☐ Credit Card Payment: (please circle) **VISA** | **MASTERCARD**

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Select: One-time credit card payment of \$ \_\_\_\_\_

Recurring credit card payment plan (maximum of 4 payments). Please charge my credit card as follows:

\$ \_\_\_\_\_ on \_\_\_\_\_ (date) \$ \_\_\_\_\_ on \_\_\_\_\_ (date)

\$ \_\_\_\_\_ on \_\_\_\_\_ (date) \$ \_\_\_\_\_ on \_\_\_\_\_ (date)

**Please mail or fax this form to:** Coalition for Improving Maternity Services (CIMS)  
1500 Sunday Drive | Suite 102 | Raleigh, NC 27607 USA  
[www.motherfriendly.org](http://www.motherfriendly.org) | (p) 888.282.CIMS (2467) | (f) 919.787.4916

CIMS is a not-for-profit organization recognized as tax-exempt under Internal Revenue Code section 501(c)(3). Our mission is to promote a wellness model of maternity care that will improve birth outcomes and substantially reduce costs. ACNM08