

Call for Support



Mothers' Milk Bank of Tennessee is looking to partner with restaurants across Tennessee to host Giveback Events. In exchange for promoting your restaurant to our stakeholders, we would ask that you would give a percentage of sales to benefit our 501c3 nonprofit organization.

Mothers' Milk Bank of Tennessee's mission is to provide safe, pasteurized donor human milk to the most vulnerable babies. For medically fragile infants, human milk is more than a nutritional choice, it is a lifesaving intervention. As a nonprofit organization, we rely on financial supporters, volunteers and advocates to advance our mission. By partnering with us, you are demonstrating your restaurant's commitment to helping the most fragile babies survive and thrive.

2909 Old Fort Parkway, Suite 105 Murfreesboro, TN 37128
615-933-8877 | info@milkbanktn.org | milkbanktn.org



Your Impact

Your partnership with Mothers' Milk Bank of Tennessee is an investment in improved survival and development for vulnerable babies born too soon and too small. As a 501(c)3 nonprofit organization, we rely on the generosity of organizations like yours.

Your support powers Mothers' Milk Bank of Tennessee by providing resources to:

- Screen prospective breastmilk donors (including bloodwork)
- Transport breastmilk donations to Mothers' Milk Bank of Tennessee from our Milk Drop Depots
- Purchase lab equipment and supplies
- Filter, mix, pasteurize, culture and bottle donated breastmilk from approved donors
- Deliver pasteurized donor human milk to neonatal intensive care units (NICUs) in Tennessee

Recognition

In appreciation of your support, Mothers' Milk Bank of Tennessee will provide your restaurant the following recognition opportunities:

- Logo featured on our website that will be linked to your restaurant's website
- Name listing or logo in our newsletter
- Featured social media posts

Questions? Please contact Amy Painter, Marketing Director at 615-971-1932 or Amy.Painter@milkbanktn.org.



Thank you for your support!

Please send your logo and a copy of this completed form in order to confirm your support to Amy.Painter@milkbanktn.org.

Restaurant's Name: _____

Your Name: _____ Date of Event: _____

Phone: _____ Email: _____

Location(s) of restaurant (please include street address and city):

Your offer: *We suggest a minimum of 10% of sales.* _____

Will there be any special instructions (for example- customer must dine-in or show a copy of flyer):

Signature

Date