



North Central District Health Department  
1020 Henry Clay St.  
Shelbyville, KY 40065

**Cribs for Kids for Community  
Partners  
Letter of Support**

Name \_\_\_\_\_

County of Residence:  Shelby  Spencer  Henry  Trimble

I would like to sponsor \_\_\_\_\_ Pac-N-Play Safe Sleep Survival Kits at \$92.99/kit.

I would like to donate \_\_\_\_\_ to support the Cribs for Kids For Community Partners Program.

I understand my donation will be matched by the North Central District Health Department and cribs purchased will be delivered to a family in need.

Thank you!

Signature of donor: \_\_\_\_\_

Signature of Health Department Staff: \_\_\_\_\_

Amount donated: \_\_\_\_\_

Date \_\_\_\_\_