

# Maternity Care Coalition **Cribs for Kids**

The mission of Maternity Care Coalition (MCC) is to improve maternal and child health and well being through the collaborative efforts of individuals, families, providers and communities.

## **Cribs for Kids**

MCC's Cribs for Kids program provides needy families in Philadelphia with cribs to help reduce the risk of Sudden Infant Death Syndrome (SIDS) and improper sleep environment. SIDS is the leading cause of death among healthy infants under the age of one year. The incidence of SIDS in the Philadelphia area is nearly twice the national



average. MCC's Cribs for Kids program provides education and training on proper sleep position and environment to all families receiving a crib, as well as to health and human service providers and the general public.

## **Families in Need**

Since 2003, MCC has been working with government agencies, community organizations, and healthcare providers to implement a Philadelphia-area Cribs for Kids program. In only 4 years—from September 2004 to September 2008—MCC has provided nearly **10,000 cribs and education to families in need.**

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## **You Can Help!**

Your contribution of **\$100** will pay for the purchase and delivery of a crib, as well as education for families to help their baby sleep safely.

**A crib is a great gift for baby showers, party favors, and other birth celebrations!**

Return this form by mail to: MCC, 2000 Hamilton St., Suite 205, Philadelphia, PA 19130

Please make checks payable to *Maternity Care Coalition*.

Or visit [www.MOMobile.org](http://www.MOMobile.org) to make a secure credit card donation online.

**Questions? Call 215-972-0700.**

If you would like a card to be sent to the family along with the crib, please include one with your donation.

**I/we would like to purchase # \_\_\_ cribs for infants.**

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Organization \_\_\_\_\_

**If you would like MCC to send a tribute card to a special person to tell them about your gift, please complete the information below.**

**This gift is in honor/memory of:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_