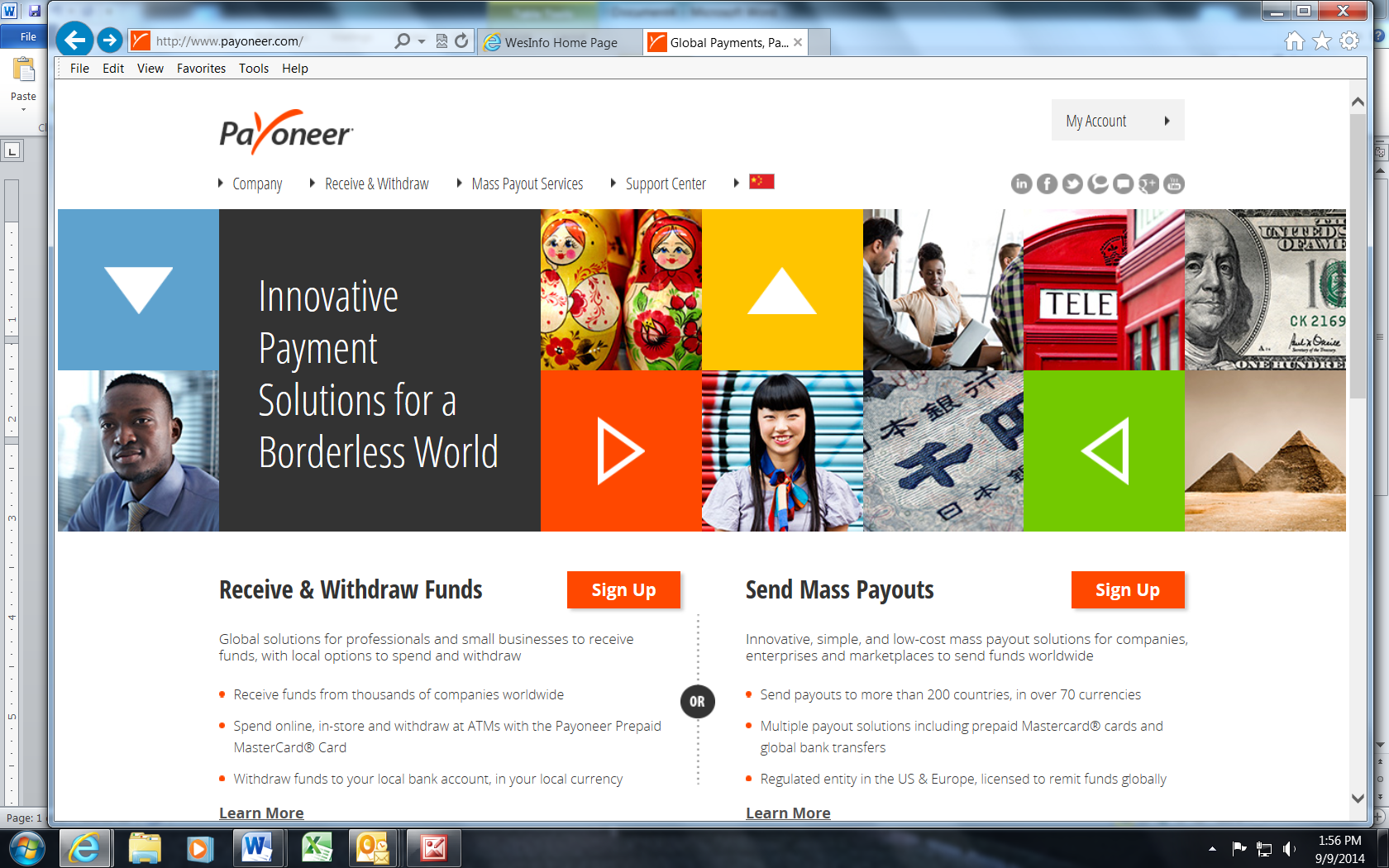
|  |  |
| --- | --- |
| C:\Users\Thomas_g\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\Study logo color.jpg | OMB Approval No. 0584-0580  Approval Expires: XX/XX/20XX  Site #  Keep in touch with Feeding My Baby! |
| **PLEASE HELP US STAY IN TOUCH BY UPDATING YOUR CONTACT INFORMATION BELOW AND MAILING IT BACK TO US IN THE ENCLOSED ENVELOPE.** | |

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YOU WILL RECEIVE **$5** ON YOUR PAYONEER CARD FOR RETURNING THE COMPLETED FORM.

YOUR NAME

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STREET ADDRESS

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CITY STATE ZIPCODE

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PHONE

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CELL PHONE

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CAN WE TEXT YOU? 🗆 YES 🗆 NO

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EMAIL

**PLEASE TELL US THE NAME AND CONTACT INFORMATION OF 2 PEOPLE WHO ALWAYS KNOW HOW TO FIND YOU:**

#1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

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STREET ADDRESS

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CITY STATE ZIPCODE

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EMAIL

#2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS

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CITY STATE ZIPCODE

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PHONE

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CELL PHONE

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EMAIL