DELIVERING HOPE AND HEALTH RILEY CLUB ADVOCATE

WHY INDIANA BABIES NEED OUR HELP

Indiana has one of the nation's poorest infant mortality rates, with 7.5 infant deaths per 1,000 live births. we rank 43rd our of 50 states.

Every thirteen hours a newborn baby dies in Indiana.

Indiana has the third lowest number of maternal-fetal medicine specialists per capita.

600= Approximate number of babies that die in Indiana each year; many of these deaths are preventable.

WE ARE DEDICATED TO CHANGING THE WORLD, ONE CHILD AND ONE COMMUNITY AT A TIME

WE NEED YOU TO:

DELIVER to your club information, **DELIVERED** to you, by your Division Riley Advocate. Your Division Advocate will attend a meeting in March, June, September and December of each year. After each meeting an update from that meeting, will be DELIVERED to you by your Division Advocate. If for any reason your Division Advocate can not attend one of these meeting they will ask one of your division Club Advocates to attend that meeting and give them the update from the meeting.

Your Division Advocate will DELIVER to you information about any of the following Kiwanis Riley Programs:

- * FUND RAISING We will raise \$250,000 per year for the next four years starting on October 1, 2019 for Riley.
- * Safety Store & Racing for Safety
- * Adaptive Bikes
- * Reach Out (This is a program where a Social worker from Riley as a last resort, will call an advocate to find a Kiwanian who can help with transportation to or from Riley.) You are the person who knows the individual members who are retired, or have flexible job hours that can take the time to help this family.

* K-Mall Parent Komfort Kart

Your Division Advocate will also **DELIVER** to you ideas on how your club can be personally involved in DELIVERING HEALTH AND HOPE in your community.

We are so excited that you are joining the Kiwanis Riley Team. We know that with your help we will change our world one child and one community at a time.

Thanks for all you do for our KIDS, Denny Yoder Kids for Riley District Chair

Date:	
Club Name	
Your Name	
Personal E-mail	
Cell number	

Division Name	
Div. Advocate Name	
Personal E-mail	
Cell number	