



ANNOUNCING

**M4M Referral
Subscription
Plan**

EFFECTIVE
01 MARCH 2025

Mums4Mums
Mā Māmā, Mō Māmā
Mums Supporting New Mums in our Community

Mums4Mums Annual Subscription Plan

Starting 1 March 2025, all referring organizations and professionals will need to select one of the following subscription tiers.

1. Solo Professional Plan – \$99.95 per year

Ideal for individual professionals making referrals to Mums4Mums. This plan is designed to provide affordable access for solo practitioners committed to supporting our mission.

2. Small Organization Plan (2–5 Referrers) – \$395.00 per year

Perfect for smaller teams, this tier accommodates organizations with up to 5 individuals referring to Mums4Mums.

3. Medium Organization Plan (6–10 Referrers) – \$795.00 per year

Designed for medium-sized organizations, this plan supports teams of up to 10 referrers. For larger organizations please contact us directly for a quote.

4. Te Whatu Ora (Per Location) – \$1,995.00 per year

This tier is tailored for Te Whatu Ora locations in Tauranga, Whakatāne, and Rotorua, with up to 5 referrers at each location.



Key Features of the Subscription Plans

- **Access to Mums4Mums Services:** Subscription provides access to our programs and volunteer network to support mums and babies.
- **Sustainability Contribution:** Your subscription directly contributes to the operational costs of Mums4Mums, ensuring we can continue delivering essential support to whānau.
- **Tailored Support:** Each plan is designed to match the size and needs of your organization or professional practice.

How to Register

To sign up for a subscription plan, please email us at connect@mums4mums.org.nz. A tailored quote/invoice will be provided for your specific requirements.

Important Notes

- Each subscription plan applies to a single office or location and does not cover multiple offices, provinces, or national operations.
- Fees must be paid in advance for the year. Refunds are not available. Fees are not prorated, and renewal of subscriptions are due before 01 April each year.

Call to Action

Join the **Mums4Mums Subscription Plan** today and be part of a movement making a positive impact on the lives of mums, babies, and whānau in our community

Together, we can create lasting change!



What Mums Are saying...



I am so very grateful for the help provided by Mums4mums. We don't have any family nearby and our volunteer was so lovely and helpful. Her visits allowed me to have some much-needed rest and me time. "

-Mum

I loved that my volunteers loved on my baby and me.

They made me feel supported and valuable. Having Mum4Mums helped me through a really tough spot. I was really struggling and they lifted me up

- SO (Mum)

Everything was wonderful. Mums4Mums made an incredibly positive impact on my post partum period. Amazing volunteers who provide the best love and support to mum and baby.

Thankyou CH (Mum)

"The volunteers were all such beautiful people! The love and care that they showed the twins was amazing and they will be friends for life"

- BH (Mum)



M4M Referral Subscription Form:

Name of Individual/Organization: _____

Primary Contact Name: _____

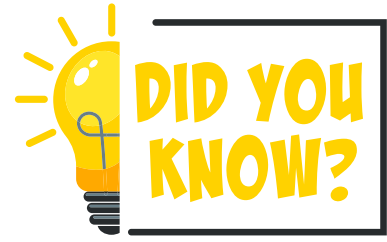
Position/Title: _____

Address: _____

City: _____ Postcode: _____

Email Address: _____

Mobile: _(____) _____



To complete an intake, match with volunteers, connect with resources and monitor progress through to completion costs on average \$495.00 per referral.

Subscription Plan Selection

Please select the appropriate plan based on your team size or location:

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- 4. Te Whatu Ora (Per Location) – \$1,995.00 per year**
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Location: _____

Person in charge of Accounts Payable: _____

Email: _____

Office or Mobile #: _____ -

Primary Referrer Name: _____

Referrer #1 Email: _____

Office / Mobile #: _____

Job Title: _____

Referrer #2 Name: _____

Referrer Email: _____

Office / Mobile #: _____

Job Title: _____

Referrer #3 Name: _____

Referrer Email: _____

Office / Mobile #: _____

Job Title: _____

Referrer #4 Name: _____

Referrer Email: _____

Office / Mobile #: _____

Job Title: _____

Referrer #5 Name: _____

Referrer Email: _____

Office / Mobile #: _____

Job Title: _____



