

Donation form

Our mission is to help give every baby a fighting chance. Any amount you donate will directly fight birth defects, premature birth and infant loss by funding life-saving research and support services. Every dollar makes a difference. Every dollar counts.

**Please send form and
your donation to:**

March of Dimes Foundation
Donation Processing Center
PO Box 673667
Marietta, GA 30006

Please complete this form so that we can appropriately allocate your donation to your local market. Thank you for your support of the March of Dimes!

Contact info

Name: _____

Email: _____ Telephone: (____) _____

Donation information

Total amount enclosed: \$ _____

March of Dimes location to credit: City: _____ State: _____

(Please do not mail cash)

If you would like to designate a recipient please check the appropriate box

☐ March for Babies: Credit to team or walker? _____

Event _____

☐ Signature Chefs: Apply to sponsorship or auction purchase? _____

☐ Nurse of the Year

☐ Board gift: Credit to: _____

☐ General donation

☐ Other: _____

Please make check payable to "March of Dimes Foundation"

The March of Dimes is an IRS 501(c)(3) organization (tax identification number 13-1846366)