



DONATION FORM

We believe that every baby deserves the best possible start. Your donation helps us provide services, programs and support for moms and babies in communities like yours across the country.

PLEASE SEND FORM AND YOUR DONATION TO:

March of Dimes
Donation Processing Center PO Box 18819
Atlanta, GA 31126

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

CONTACT INFO

Name: _____ Phone Number: _____
Email: _____ State & Zip Code: _____

DONATION INFORMATION

Total amount enclosed: \$ _____

Please do not mail cash. Make check(s) payable to "March of Dimes."

March of Dimes location to credit: _____ **Centralized Region** _____ **Coast to Coast** _____

FUNDRAISER INFORMATION

March of Dimes Campaign:

March for Babies

Topgolf (Location: _____)

Do It Yourself (DIY)

Feeding Motherhood: Meals that Matter

Other

Fundraiser Name: _____

Team Name (if applicable): _____

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

