

Pin-Up Campaign Agreement Form

2017 Pin-Up Campaign Agreement Form

March for Babies

Company name/Pin-Up Participant

Primary contact

Address

City

State

ZIP

Phone

Fax

Email

Alternate contact
person Fax

Email



YES, we will support the March of Dimes, by participating in the March for Babies Pin-Up Campaign

Signature of primary contact

Date

(My signature indicates authorization to make this commitment on behalf of my company.)

I (insert name) _____ acknowledge that all donations received
via the Pin-Up campaign will be donated to the March for Babies via [Volunteer] _____.

Signature of business contact

Signature of March for Babies Volunteer

Date

Please mail original form to:

March of Dimes • 959 Route 46 East Suite 210 Parsippany New Jersey

Phone (973) 296-8803 • Email jbartoli@marchofdimes.org