



Join the Movement

March of Dimes leads the fight for the health of all moms and babies. We're **advocating for policies** to protect them. We're working to radically **improve the health care** they receive. We're **pioneering research** to find solutions. We're **empowering families** with the knowledge and tools to have healthier pregnancies. By uniting communities, we're building a brighter future for us all.

Sponsor a Team

At March for Babies, families and teams come together to make a statement about the world they want to live in—one in which healthy moms and strong babies are a priority for us all. You can be a part of the Southern Maryland March for Babies on **Sunday, May 5, 2019**. Show your community that your company cares about this fight with the purchase of a Mission Marker. Your company's name will be displayed on a Mission Sign along the walk route for **hundreds of March for Babies participants** to see.

With a contribution of \$500 you'll stand with thousands of people across the country who share your commitment to the health of all moms and babies.

Mission Marker FAQ

- Mission Markers are 100% tax-deductible
- Your contribution directly supports the fundraising efforts of an individual or team
- Mission Markers cost \$500, but any additional contributions will help further the fight for the health of all moms and babies
- Your company name will be printed in black and white
- Mission Markers are placed along the route for all walkers to see!



Questions? Contact Jennifer Abell at jabell@marchofdimes.org or (571) 257-2310.



Mission Marker Donation Form 2019

Thank you for your interest in supporting March of Dimes through the purchase of a Mission Marker for the Southern Maryland March for Babies on Sunday, May 5, 2019 at Regency Furniture Stadium. Your company's name will be displayed on a Mission Sign along the walk route for **hundreds of March for Babies participants** to see.

Company Name: _____

Primary Contact: _____

Address: _____

Phone: _____ Email: _____

Name of Team/Individual You're Supporting: _____

Payment Information

You are authorized to charge me: \$500 + Additional Contribution of: _____

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Credit Card Number: _____

Expiration Date: ____/____ Security Code: ____ Name on Card: _____

Authorizing Signature: _____

Make checks payable to "March of Dimes" and mail with original form to:

**March of Dimes—Greater DC Market
2110 Washington Blvd., Ste. 325
Arlington, VA 22204**