



Participant Registration/Donation Form

Event Site: Marion County _____

Participant Name: _____

Team Name: _____

Total Cash/Checks Turned in TODAY \$ _____

Total Credit Card Donation Made TODAY \$ _____

Registered Online? Yes No

Please provide your contact information below:

Address: _____

City: _____ **State** _____ **ZIP Code:** _____

Phone: _____

Email: _____

***PRIVACY NOTICE:** All personal information provided above will be used by March of Dimes as outlined in its Privacy Policy (available at <https://www.marchofdimes.org/policy.aspx>).*

***DONATIONS:** As a policy matter, March of Dimes prefers to receive unrestricted donations. This enables March of Dimes to direct funds to areas of greatest need and mission impact. March of Dimes will however honor your written request to restrict your personal donation. Walkers cannot legally restrict donations on behalf of their sponsors without the sponsors' written permission.*

Please send completed form, along with donations via United States Postal Service to:

March of Dimes
P.O. Box 3153
Harlan, IA 51593-0344