MARCH OF DIMES

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 local market. Thank you for your support of 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."
The March of Dimes is an IRS 501(c)(3) organization (tax identification number 13-1846366.)

SAVE

BBB ACCREDITED CHARITY
bbb.org/charity

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