



# 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 260048  
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: \_\_\_\_\_

