



**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 the March of Dimes!

**CONTACT INFO**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**DONATION INFO**

Total amount enclosed: \$ \_\_\_\_\_

March of Dimes location to credit: City: \_\_\_\_\_ State: \_\_\_\_\_

- Make checks payable to "March of Dimes"
- Please do not mail cash or coins

**ALLOCATION INFO**

If you would like to designate a recipient, please check the appropriate box:

[ ] March for Babies: Credit to team or walker? \_\_\_\_\_

Event: \_\_\_\_\_

[ ] General Donation

**Additional notes on donation:**

\_\_\_\_\_  
\_\_\_\_\_