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: (____) __________

School Name: ____________________________________________ School State: _________

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:

__________________________________________________________________________________________

__________________________________________________________________________________________

March of Dimes is an IRS 501(c)(3) organization (tax identification number 13-1846366.)