



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:

