

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 THIS FORM AND YOUR DONATION TO:

March of Dimes
PO Box 3153
Harlan, IA 51593 -0344

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: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: () _____

DONATION INFORMATION

Total amount enclosed: \$ _____

(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 name. _____

☐ My company will match my donation.
Company Name: _____

For questions, please contact: **Lisa Koss, Virtual Campaigns**
LKoss@marchofdimes.org 404-476-2101

Please make check payable to "March of Dimes."

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

