

Donation form

Whether you are a long time March of Dimes supporter or are giving for the first time, thank you for your commitment to helping babies be born healthy. Please use this form to mail or fax your donation. If you have a special request, please contact us at donorservice@marchofdimes.com.

Mail or fax your completed form along with your donation to:

March of Dimes
Attention: DRFR
1275 Mamaroneck Avenue
White Plains, New York 10605
Fax: 914-997-4537 (Credit Card only)

[click here to clear form](#)

Donor information

First Name _____ Last Name _____
Address _____
City _____ State _____
Zip Code _____ Country _____
Phone _____ E-Mail _____

Donation

Donation Amount \$ _____ (in US currency)

My check is enclosed

Please charge my credit card

Card Type



Card Number _____ Expiration _____

Name of cardfolder _____ Signature _____

(Please print out the form and sign)

Billing Address: (if different than above)

Address _____

City _____ State _____

Zip Code _____ Country _____

Donation in memory/in honor

This gift is:

In memory

Remember someone special by giving a gift in their memory. March of Dimes will send a card acknowledging your thoughtful donation to the person of your choice.

In honor

Give a gift to honor someone close to you for a birthday, an anniversary, a wedding, to celebrate a birth of baby, or other special occasion. March of Dimes will send a card acknowledging your thoughtful donation to the person of your choice.

Who is this donation in memory/honor of:

Name _____

Occasion (in honor donations) _____

Please send an acknowledgement of my donation to:

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip Code _____ Country _____

Phone _____ E-Mail _____