



March of Dimes
3330 Broadmoor SE Ste B
Grand Rapids MI 49512

Please send an acknowledgment to:

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Address

City State ZIP

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I'd like to make a gift:

In Memory of:

Name

or in Honor of:

Name

Name (please print)

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Amount of gift:

\$15 \$100 \$250 Other: \$ _____

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Please charge: Visa MasterCard

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*Every time you make a gift to the March of Dimes
Birth Defects Foundation in memory or in honor of someone close
to you, you'll be helping to support lifesaving research and
innovative programs that save babies' lives.*

Please return this completed envelope with your gift.

Thank you for your support.