



CHECK DONATIONS MAIL-IN FORM

Donation Details

Ensure that all checks have been made payable to Boston Children's Hospital. Please do not enclose cash donations.

Enclosed are			checks totaling: \$		
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Participant Details

My donation is on behalf of:

Name			
Company			
Date	Sponsor payment	Donation	

Please mail this form and your donation to:

Boston Children's Hospital Trust Attn: Gift Services 401 Park Drive, Suite 602 Boston, MA 02215

Thank you for giving!

APPEAL ID: EV_MNGALA25 This code is used by our gift processing staff.