



Boston
Children's
Hospital

**miles for
miracles**

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Donation Details

Ensure that all checks have been made payable to Boston Children's Hospital.

Please do not enclose cash donations.

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checks totaling: \$

Participant Details

My donation is on behalf of:

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Participant Name

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Event Name

Please mail this form and your donation to:

Boston Children's Hospital Trust

Attn: Gift Services

401 Park Drive, Suite 602

Boston, MA 02215

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