



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: \$

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_WINFOOTGOLF26

This code is used by our gift processing staff.