



## 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.