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 dona	tions.
Enclosed are	checks totaling: \$
4	t
Participant Details	
My donation is on behalf of:	
Participant Name	
Event Name	
Event Nume	
Please mail this form and your d	onation to:
Boston Children's Hospital Trust	
Attn: Gift Services	
401 Park Drive, Suite 602	
Boston, MA 02215	

Thank you for giving!

Please note that donations made by check may take 7-10 business days to appear in your fundraising totals.

APPEAL ID: EV_NATMAR26

This code is used by our gift processing staff.