



## C H E C K D O N A T I O N S M A I L - I N F O R M

### 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:

.....  
Participant Name

.....  
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

### 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\_NATMAR27

This code is used by our gift processing staff.