

## **Check Donations Mail-in Form**

## **Donation Details**

Ensure that all checks have been made payable to Boston Children's Hospital. <u>Please do not</u> enclose cash donations.
Enclosed are checks totaling: \$
Your Information:
Your Name:
Race Name:
Additional Details:
Do you have any information to share with Boston Children's Hospital Trust staff?

## 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.