Boston Children's Hospital | miles for miracles

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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.

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