



Boston  
Children's  
Hospital

**fundraise  
your way**

**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

.....  
Team 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 5-7 business days to appear in your fundraising totals.

APPEAL ID: EV\_FYW26

This code is used by our gift processing staff.