



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