## 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: \$	
<del></del>	
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\_MFMTKY26

This code is used by our gift processing staff.