



Boston
Children's
Hospital

**miles for
miracles**

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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

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Team Name

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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.

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