



Boston Children's Hospital



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: \$ _____

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.*