



Boston  
Children's  
Hospital

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## 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: \_\_\_\_\_

Team Name (If applicable): \_\_\_\_\_

Event Name: \_\_\_\_\_

### Additional Details:

Do you have any information to share with Boston Children's Hospital Trust staff?

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.*