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Children's
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Check Donations Mail-in Form

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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: _____

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

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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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