



Donation Form

Your Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Donation Details

Make checks payable to Boston Children's Hospital. Please do not enclose cash donations.

Enclosed is my check for: \$ _____

Check number: _____

Participant Details:

Please credit this donation to:

Participant Name: _____

Team Name (if applicable): _____

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!

APPEAL ID: _____

This code is used by our gift processing staff.