



## C H E C K   D O N A T I O N S   M A I L - I N   F O R M

### 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.

APPEAL ID: EV\_WALKERS23

This code is used by our gift processing staff.