



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.

APPEAL ID: EV_YOGATHON22

This code is used by our gift processing staff.