



**Cover Sheet for Offline Donations**

Runner Name: \_\_\_\_\_

I am enclosing (# of checks) \_\_\_\_\_. I am enclosing (total amount of donations) \$ \_\_\_\_\_.

**Matching Gifts: Be sure to ask if your donors company has a matching gift program and the gift can be doubled!**

Matching gift form enclosed     Online matching gift application submitted

Please complete the address section for each offline gift or check should the donor information not be provided. **Please mail checks to:** Brigham and Women's Hospital, Development Office, 2020 B.A.A. 5K, 116 Huntington Avenue, Third Floor, Boston, MA 02116.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Donation Amount: \_\_\_\_\_