

Please print ALL donor information clearly for the enclosed checks to ensure proper acknowledgement.

Customer Name	Address	Amount Enclosed
1. <i>John H. Smith</i>	<i>123 Main Street, Apartment 3, Boston, MA 02134</i>	<i>\$100</i>
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

CRM-HAIR16

Salon Name: _____

Address: _____

Enclosed are: _____ Checks totaling \$ _____

Please make all checks payable to Boston Children's Hospital. PLEASE DO NOT ENCLOSE CASH DONATIONS.
Please limit 10 checks per envelope. Contributions are tax deductible to the extent provided by law.
For more information, please contact Boston Children's Hospital Trust at (857) 218-3140
or HAIRaising@chtrust.org.



benefiting  **Boston Children's Hospital**
Until every child is well



small hearts heal when big hearts help.
Thank you for your support of Boston Children's Hospital.

FROM _____

HAI Rraising
c/o Federici Brands
57 Danbury Road
Wilton, CT 06897

PLEASE
PLACE
STAMP
HERE