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**RED SOX
FOUNDATION**



**MASSACHUSETTS
GENERAL HOSPITAL**

Downloadable Donation Form

2017 RED SOX FOUNDATION AND MASSACHUSETTS GENERAL HOSPITAL
RUN TO HOME BASE Donor Information (Please print or type)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Credit donation to Participant First and Last name or Team Name:

Provide the Fundraiser/Team ID (for proper donation allocation)

Fundraiser ID is located at the end of the URL in the address bar on the fundraiser/team's webpage

- ex. www.runtohomebase.org/runtohomebase/theFundraiserID:

Donation made in honor of List Full Name (if applicable):

Donation made in Memory of List Full Name (if applicable):

Please provide an e-mail or mailing address for the person you are honoring so we
can send them a letter informing them of your honor/memory.

Donation Amount: _____

Method of Payment: Check Credit Card

Credit Card: _____

Name on Card: _____

Credit Card Number: _____ exp: _____

Card Security Code (CVV): _____ Signature: _____

Please make checks payable to Red Sox Foundation/Run to Home Base and note the participant's name in the subject line. If you wish to donate to a specific runner or team, your check must be received no later than **Thursday, July 6, 2017**. Otherwise your donation will be considered as a general contribution to Home Base. You will still receive a tax-receipt for your records. Thank you very much for your kind consideration.

Please mail form and payment to:

**Red Sox Foundation
4 Yawkey Way
Boston, MA 02215
Attn: Gena Borson**