

2012 Marathon Donation Cover Sheet

Runner Name: _____ **Date:** _____

Runner ID: _____ **Appeal Code: 1204EVSPXXMP**

Total # of checks: _____
Total Amount of Donation: \$ _____

Donor Information (please complete if submitting cash or contact information is not listed on check(s)).

Name _____
Address _____
City, State, Zip _____
E-mail _____
Phone _____

Checks made payable to Massachusetts General Hospital. Please mail all offline donations accompanied by a cover sheet to: MGH Marathon Team Gift Processing, c/o MGH Development Office, 165 Cambridge Street, Suite 600, Boston, MA 02114. Any questions, please call Amy Doherty at 617-726-7837.

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