



THE BOSTON HOUSE

HOPE & HEALING FOR CHILDREN WITH CANCER

DONOR INFORMATION

Your name:

Company name (if applicable):

Street address:

City/State:

Zip code:

Phone:

GIFT OCCASION (optional)

In memory of:

In honor of:

To celebrate:

PLEASE SEND ACKNOWLEDGEMENT TO

Recipient's name:

Street address:

City/State:

Zip code:

(gift amount will not be mentioned)

Checks should be made out to The Boston House. The House gladly accepts Visa, MasterCard, or American Express. (Please call us at 617.734.3333 to donate by credit card.)