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RED SOX
FOUNDATION



MASSACHUSETTS
GENERAL HOSPITAL

Downloadable Donation Form

2018 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 The 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 **Monday, July 16, 2018**. 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:

The Red Sox Foundation
4 Jersey Street
Boston, MA 02215