



Offline Donation Form

Thank you for your dedication to Hope Walks and the Mass General Cancer Center at Newton-Wellesley.

Participant Information

Full Name: _____

Team Name (If Applicable): _____

Donor Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

of Checks Enclosed: _____ Total Amount Submitted: \$ _____

If you would like to support a Virtual Hope Walks participant by check, or are a participant submitting multiple checks you have collected along the way, please fill out this form and send it, along with your checks, to the Newton-Wellesley Development Office.

Remember, all checks should be made out to "Newton-Wellesley Hospital" and the participant's name or team name should be included in the memo section, along with "Hope Walks".

To be filled out by Virtual Hope Walks participant if submitting multiple donations:

DONOR NAME:	ADDRESS:	DONATION AMOUNT:

* After we have received your completed form and checks, your donor(s) will receive a receipt for tax purposes.

Please mail this completed form, along with your check(s) to:

Development Office
ATTN: Hope Walks
 Newton-Wellesley Hospital
 2014 Washington Street
 Newton, MA 02462

If you have any questions, please contact the Office of Special Events at hopedwalks@partners.org or call 617.243.5491.

Thank you for supporting Hope Walks!