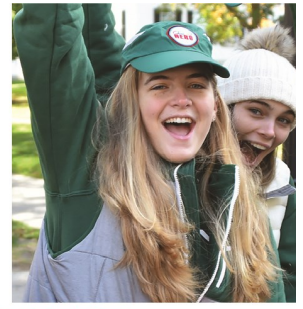




October 20, 2019



# RUN • WALK • HIKE • BIKE • VOLUNTEER • VIRTUAL QUEST

Please support me as I participate in the 2019 CHaD HERO.

Participant's Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Yes! I will make a contribution to support the kids at the Children's Hospital at Dartmouth-Hitchcock (CHaD)

### Please Make Checks Payable to DHH/CHaD

*Fundraising on behalf of the Children's Hospital at Dartmouth-Hitchcock (CHaD) is conducted by Dartmouth-Hitchcock Health, a 501(c)(3) recognized charity by the IRS (EIN#26-4812335), for the benefit of CHaD.*

\$500      \$250      \$100      \$50      \$25      Other Amount: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

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Donor Phone \_\_\_\_\_

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Thank you so much for your contribution!

Mail this form and your check to:

**Children's Hospital at Dartmouth-Hitchcock  
Attn: CHaD HERO HQ  
One Medical Center Drive  
Lebanon, NH 03756**