



Please support me as I participate in the 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 _____

Zip/Postal Code _____

Country _____

Donor Phone _____

Email _____

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**