



Department of Massachusetts The American Legion Family

Post, Unit, Squadron, Riders Number: _____

Post, Unit, Squadron, Riders, Individual, Business Name: _____

Contact Person: _____

Post, Unit, Squadron, Riders, Individual, Business Address:

City: _____, State: _____, Zip Code: _____

Donation Amount: \$ _____

make checks payable to the
Children's Hospital of your choice.

Please check the organization the donation is from:

LEGION AUXILIARY S.A.L. RIDERS OTHER: _____

Baystate Children's Hospital

Baystate Health Foundation
280 Chestnut Street, 6th Floor
Springfield, MA 01199
ATTN: Maria Gorecki

Boston Children's Hospital

Boston Children's Hospital
401 Park Drive, Suite 602
Boston, MA 02215
ATTN: Lauren Cellucci

UMass Memorial Children's Medical Center

UMass Office of Advancement
333 South Street
Shrewsbury, MA 01545
ATTN: Julie Bowditch