



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 circle the organization the donation is from:

POST UNIT SQUADRON RIDERS INDIVIDUAL BUSINESS

Baystate Children's Hospital

Boston Children's Hospital

UMass Memorial Healthcare

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

Boston Children's Hospital
401 Park Drive, Suite 602
Boston, MA 02215
ATTN: Bryanna Grimes

Office of Philanthropy
UMass Memorial Health Care
365 Plantation Street, Biotech One RM 301
Worcester, MA 01605
ATTN: Liz Parker-Gagne