



## CHECK DEPOSIT FORM

Participant Name: \_\_\_\_\_

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

Total Amount Enclosed: \_\_\_\_\_

### BREAKDOWN OF ENCLOSED

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

Number of checks enclosed: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Matching Gift Forms  
(number of forms enclosed): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

#### HAVE QUESTIONS?

Contact: Robert Hendrickson  
617-582-8342  
[JimmyFundLittleLeague@dfci.harvard.edu](mailto:JimmyFundLittleLeague@dfci.harvard.edu)

(attach additional pages if necessary)



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## INSTRUCTIONS

- Include completed Check Deposit Forms in each deposit envelope
- Mail to: Dana-Farber Cancer Institute  
Attn: Jimmy Fund Little League  
10 Brookline Place West, 6<sup>th</sup> Floor  
Brookline, MA 02445
- If you would like to split a check to allocate to several team members, please denote the name and amount for each team member on this form.

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