

Friends of the Boston Healing Landscape Project

Donation Form

Personal Information

Name:

Address:

City:

State:

Zip Code:

Phone:

E-mail:

Organization:

Donation

\$100

\$500

\$1,000

\$5,000

\$10,000

Other Amount \$_____

I would like to speak with someone about making a gift to the BHLP Endowment Fund

I do not wish to receive a gift

Please list my name as a Friend of the Boston Healing Landscape Project on the BHLP Website

Please do not list my name as a Friend on the Boston Healing Landscape Project Website

Please print this form and mail it with your check,
made out to Boston University School of Medicine, to:

The Boston Healing Landscape Project
Boston University School of Medicine
91 East Concord Street, 4102
Boston, MA 02118