



## CHaD HERO Offline Donation Form

Please make checks payable to "D-HH/CHaD HERO" and mail them with a completed offline donation form to:

Medical & Healthcare Advancement  
Dartmouth Health/Geisel School of Medicine at Dartmouth  
One Medical Center Drive (HB 7070)  
Lebanon, NH 03756

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**Yes! I will make a contribution to support the CHaD HERO.**

\$500    \$250    \$100    \$50    \$25    Other Amount: \_\_\_\_\_

Participant's Name \_\_\_\_\_

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

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_