

Maria Griffin Drury Pediatric Fund

Joslin Diabetes Center

I/We would like to support the Joslin Diabetes Center Pediatric Unit through a donation to the Maria Griffin Drury Pediatric Fund by sponsoring a participant in the half marathon run.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Name of runner being sponsored: _____

Please accept my gift of \$_____.

Check Enclosed (Payable to: **Joslin Diabetes Center**. Memo line: **Maria Griffin Drury Pediatric Fund**.)

Master Card

Visa

American Express

Discover

Card Number: _____ Expiration Date: _____

Signature: _____

Please forward this form to your runner or mail directly to:

Joslin Diabetes Center
Development Office, Room 745
One Joslin Place
Boston, MA 02215

****Ask your Human Resources Department about their matching gift program so you can double your donation! ****

All contributions are 100% deductible for tax purposes.

Check here if you do not wish to receive future mailings from Joslin Diabetes Center