



SAN FRANCISCO TO LOS ANGELES  
**THE FIREFLIES WEST**  
 September 23 to 28, 2016

For more information,  
 visit [fireflieswest.com](http://fireflieswest.com)

### INSTRUCTIONS

- Each check must come with its own donation form.
- All donations are 100 percent tax-deductible, nonrefundable and nontransferable.
- Please fill out this form completely. Missing info will cause a delay or return of the donation.

**Please mail this form and your donation to:**

City of Hope Fireflies West  
 1500 E. Duarte Road  
 Duarte, CA 91010

First name of participant you are sponsoring\*

Last name\*

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### DONOR INFORMATION

First name\*

Last name\*

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Company name (for business donations only)

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Billing address

Apt. #

(circle one)

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City

State

Zip

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Home phone

Business phone

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Email

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\* Required information

### CHOOSE A DONATION LEVEL

(enter amount) 

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### PAYMENT INFORMATION

I am enclosing a personal check for the full donation amount payable to City of Hope.

Total Amount Enclosed

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Please make checks payable to City of Hope. All donations are tax-deductible.

I am paying by credit card (please fill in information below).

Personal card

Corporate card

Visa

Mastercard

AMEX

Discover

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Credit card number

Exp. date

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE DO NOT SEND CASH. DO NOT STAPLE CHECK TO DONATION FORM. PLEASE ENCLOSE ANY MATCHING GIFT FORMS WITH THIS FORM.