



**WALK FOR HOPE**  
WOMEN'S CANCERS **WOMEN'S CURES**

NATIONALLY PRESENTED BY



that was easy:

## INSTRUCTIONS

Please photocopy this form to include additional donors. Please turn in a copy of this completed form with your donations on event day or mail to:

City of Hope's Walk for Hope  
Attn: Peng Garbo  
1055 Wilshire Blvd., Los Angeles, CA 90017

## PARTICIPANT INFORMATION

First Name

[illegible]

Last Name

Address

Apt. #

(circle one)

[illegible]

City

State

Zip

[illegible]

Day Phone

## Walk City Location

[illegible]

E-mail

[illegible]

Total Amount Enclosed

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

**DONORS** (Donor Name and Address must be filled out in order to receive a receipt.)

1. Donor Name	Total \$
Address	
2. Donor Name	Total \$
Address	
3. Donor Name	Total \$
Address	
4. Donor Name	Total \$
Address	
5. Donor Name	Total \$
Address	