



**THE NATIONAL PROFESSIONAL SALON INDUSTRY
SPIRIT OF LIFE® AWARD DINNER**

**HONORING
CHERYL AND JIM MARKHAM
MONDAY, JULY 20, 2009**

GIFT DONATION AGREEMENT

Yes, I would like to help in the fight against Ovarian and Other Cancers.

I am donating _____.

Value of my donation is \$_____.

I cannot donate merchandise at this time, but please find enclosed my donation in the amount of \$_____.

Name Company

Address City State Zip

Telephone Email

Fax Signature

(This information will be used for your acknowledgment.)

My check made payable to City of Hope in the amount of \$_____ is enclosed.

Please return this form to:

City of Hope
Attn: Csynthia Savage
1055 Wilshire Blvd.
Los Angeles, CA 90017
Fax: (213) 241-7203

For additional information please call (213) 202-5735 Ext. 26153 or Ext. 26542
csavage@coh.org

City of Hope is a tax-exempt organization
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under the provision of Section 501 (c) (3) of the Internal Revenue Code.
Your donation is tax deductible.