



MONDAY, JULY 19, 2010
THE NATIONAL PROFESSIONAL SALON INDUSTRY
***SPIRIT OF LIFE* AWARD DINNER**

GIFT DONATION AGREEMENT

Yes, I would like to help in the fight against Cancer and other major diseases.

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 \$_____.

Contact Name

Company

Address

City

State

Zip

Telephone

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

For additional information please call (213) 202-5735 Ext. 26153 or Ext. 26542
Fax: (213) 241-7203 csavage@coh.org

City of Hope is a tax-exempt organization
Tax I.D. # 95-3435919
under the provision of Section 501 (c) (3) of the Internal Revenue Code.
Your donation is tax deductible.