



Sponsor Form

Participant name _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Day phone _____

Event Location _____

Total Amount Enclosed: _____

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

Sponsors

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 _____

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

City of Hope Hike 4 Hope
Attention: Peng Garbo
1055 Wilshire Blvd.
Los Angeles, CA 90017