



Contact Information Form

NAME: _____ SPOUSES NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____

FAX: _____ E-MAIL: _____

PREFER COMMUNICATIONS VIA E-MAIL FAX MAIL

ARE YOU RETIRED? _____ NAME OF COMPANY: _____

ARE YOU EMPLOYED: _____ NAME OF COMPANY/POSITION: _____

COMMENTS: _____

GUARDIANS FOR HOPE ACTIVITIES OF INTEREST:

- CITY OF HOPE DINNER IN CHICAGO
- TOUR OF CITY OF HOPE
- JUST COMMUNICATIONS
- SPECIAL ALUMNI LUNCH/RECEPTION IN CHICAGO
- OTHER
- NOT INTERESTED

ADDITIONAL NAMES FOR GUARDIANS FOR HOPE
(PLEASE INCLUDE ANY AVAILABLE SPECIFIC CONTACT INFORMATION AND USE SEPARATE SHEET FOR ADDITIONAL NAMES).
