



Lions Clubs Diabetes Innovation Fund Donation Form

Donor Information:

Individual Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Number of checks sent: _____ Total Amount: \$ _____

Club Information:

Club Name: _____

District Number: _____

Club Address: _____

City: _____ State: _____ Zip: _____

Club Phone # (if available): _____ Club Email (if available): _____

Please make checks payable to "City of Hope."

If you would like your contribution to be applied to the **Lions Clubs Diabetes Innovation Fund**, please include this form with your donation and write "diabetes" on the memo line of your check.

Please mail with this form to:

City of Hope - Legacy & Affinity Groups
1500 East Duarte Road
Mailstop #32
Duarte, CA 91010

If you have any questions, please contact Carl Woody at
cwoody@coh.org - 626-218-6355