

Apple Creek Cloggers/City of Hope Benefit Donation Card  
Please have acknowledgement from The City of Hope sent to:

**PLEASE PRINT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IN MEMORY OF \_\_\_\_\_

IN HONOR OF \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Minimum donation for acknowledgement is \$5.00)

Apple Creek Cloggers/City of Hope Benefit Donation Card  
Please have acknowledgement from The City of Hope sent to:

**PLEASE PRINT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IN MEMORY OF \_\_\_\_\_

IN HONOR OF \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Minimum donation for acknowledgement is \$5.00)

Apple Creek Cloggers/City of Hope Benefit Donation Card  
Please have acknowledgement from The City of Hope sent to:

**PLEASE PRINT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IN MEMORY OF \_\_\_\_\_

IN HONOR OF \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Minimum donation for acknowledgement is \$5.00)