

3rd Annual



# "Hike the Hill"

## DONATION FORM

Individual Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Team Name / Captain: \_\_\_\_\_

HIKE THE HILL

Saturday, October 21st, 2017

Name	Address	Phone	Email	Donation Amount	Cash	Check	CC

- Please photocopy this form if you need extras.
- Make checks payable to: *AIDS Food Store Long Beach*.
- Receipts will be issued for all donations. Please include your address.
- *All donations can be turned in on day of event.*

# Hike with Hope!

<b>Subtotal (this page only)</b>	\$
<b>TOTAL DONATIONS (All Pages)</b>	\$

Page \_\_\_\_\_ of \_\_\_\_\_

We appreciate your support of "Hike the Hill". The information you provide will be used to provide tax receipts and updates on the event.