



michael hoefflin foundation
for children's cancer

Support me as I participate in the Walk/Run for Kids with Cancer

March 16, 2019

Participant's Name: _____

Team Name: _____

Yes! I will make a contribution to help Michael Hoefflin Foundation.

___ \$500 ___ \$250 ___ \$100 ___ \$50 ___ \$25 ___ Other Amt.

Please Make Your Checks Payable to Michael Hoefflin Foundation

Credit Card Type (circle) **VISA** **M/C** **AMEX** **DISC**

Credit Card # _____

Expiration Date _____ Card Code _____

Name _____

Address _____

City _____ State _____ Zip _____

Donor Phone _____ E-Mail _____

Thank You So Much For Your Contribution!

Mail this form and your check to:

Michael Hoefflin Foundation

Attn: Shaunie Lebouef

26470 Ruether Avenue, Unit 101

Santa Clarita, CA 91350