

# 2009 Los Angeles Donation Form

Please mail this form with your donation to:

**City of Hope's Underwear Affair™ presented by Jockey**  
**8581 Santa Monica Boulevard #709**  
**Los Angeles, CA 90069**

Or donate online at [www.uncoverthecure.org](http://www.uncoverthecure.org)

- Mail donations to the address above. Do not send donations to the Underwear Affair office.
- Each check must come with its own donation form.
- All donations will be credited in U.S. dollars. We cannot accept cash donations.
- All donations are 100% tax deductible, and are non-refundable and non-transferable.
- If you donate \$10 or more, you will receive a tax receipt in the mail.
- Ask your company if they provide matching gifts for donations.
- Do not alter form. Doing so will cause a delay or return of the donation.



**Miss lena m yada**

**735002-1**

Name of Participant You're Sponsoring

Participant ID Number

## A. Print your name clearly, as you wish it to appear on your tax receipt.

First Name		Last Name	
Company Name (For business donations only)			
Suite/Apt. No.		Mailing Address	
City		State	Zip Code
Phone (Mandatory for credit card payments)		Email Address (To receive tax receipt by email)	<input type="checkbox"/> I do not wish to be put on any mailing lists.

## B. Choose a Preset Donation Level

We're grateful for anything you can give. Every dollar counts in the fight to uncover the cure!

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Silk Boxers</b> . . . . . \$1,000  | <input type="checkbox"/> <b>Athletic Supporter</b> . . \$ 150                     | <input type="checkbox"/> <b>Paid in Full</b>  |
| <input type="checkbox"/> <b>Satin Camisole</b> . . . . . \$ 500  | <input type="checkbox"/> <b>Long Johns</b> . . . . . \$ 75                        | <input type="checkbox"/> <b>Payment Over Time</b>                                     |
| <input type="checkbox"/> <b>Bikini Breifs</b> . . . . . \$ 250   | <input type="checkbox"/> <b>Tighty Whities</b> . . . . . \$ _____<br>(any amount) | _____ monthly payments  |
| <input type="checkbox"/> Please enter your name or message as you would like it to appear on the participant's Honor Roll. _____ |   | of \$ _____ (amount)  |
| <input type="checkbox"/> Please check here if you prefer to make this an anonymous donation.                                     |   | (Monthly payments must be \$25 or higher and cannot extend beyond December 31, 2009.) |

## C. Two Easy Payment Options

Credit card only for monthly payments over time.

**1. Personal Check** (Single payment in full. We cannot accept monthly payments over time with checks.)

**Please make checks payable to City of Hope's Underwear Affair™ presented by Jockey.**

Please include participant name and participant number on all checks. All donations will be credited in U.S. dollars.

**2. Credit Card** (Single payment or monthly payments)  **Visa**  **MasterCard**

Card Number	Exp. Date	Signature
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**IMPORTANT: Your monthly statement(s) will read Underwear Affair.** Payments commence immediately upon the processing of this form by the donation office. Donations are non-refundable and non-transferable.

Signature	Date
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To register, or for more information about the Underwear Affair, please visit [www.uncoverthecure.org](http://www.uncoverthecure.org) or call us at (323)822-CURE.