



Clarence T. C. Ching
Hope Lodge®

HOPE LODGE HAWAI'I Donation Form



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

I would like my donation to Hope Lodge Hawai'i to be:

In Memory of: _____

In Honor of: _____

Check enclosed - amount: \$ _____ (payable to: American Cancer Society, Inc.)

Please charge my credit card for a one-time gift of \$ _____
(we accept: VISA, Master Card, American Express, Discover)

Account Number: _____ Expiration Date: _____

Signature: _____