



Enriching the Lives of Women with Breast Cancer

**20th Anniversary Celebration
Donation to the Sisters HOPE Legacy Fund**

(ALL donations fund HOPE Retreats)

DONOR INFORMATION:

Name: _____

Business or Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Donation Amount: \$ _____

DONATION FOR: _____

(Optional: Name of Honoree)

HOPE RETREAT LEGACY FUND

IN HONOR OF

IN SUPPORT OF

IN HONOR OF A BIRTHDAY

IN MEMORY OF

IN HONOR OF AN ANNIVERSARY

PLEASE SEND AN ACKNOWLEDGEMENT TO:

(Optional)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please make your check payable to Sisters HOPE:

Sisters HOPE

P.O. Box 250732

West Bloomfield, Michigan 48325-0732