



Lulus Hands Of Hope

A Non-Profit Organization

2012 EVENT SPONSOR

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

CASH AMOUNT: \$ _____ Please do not mail cash!

CHECK AMOUNT: \$ _____ CHECK NUMBER: _____

Please make checks payable to **Lulushandsofhope**

PLEASE RETURN TO:

P.O. BOX 2509

SPRING VALLEY, CA 91979

Email for more information contact@lulushandsofhope.org

Or call ask for Izik 619-454-0933