



**MAKE A DIFFERENCE – DONATE**

Your tax-deductible donation will help fund lifesaving research and patient services while providing help and hope to people with blood cancers. To make a donation by credit card, mail this completed form to: Leukemia & Lymphoma Society, PO Box 22324, New York, NY 10087

**PERSONAL INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Country \_\_\_\_\_

**BILLING INFORMATION**

(Your billing address must match the address on your credit card statement or your credit card company might decline the transaction.)

My Billing Information is the same as my Personal Information.

Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Country \_\_\_\_\_

**CREDIT CARD INFORMATION**

Name on Card \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_  
Card Type:  VISA  MasterCard  AMEX  DISCOVER  
Amount (USD):  \$2,500  \$1,000  \$250  \$100  \$50  Other \_\_\_\_\_

**DESIGNATE YOUR DONATION**

In Honor of \_\_\_\_\_  In Memory of \_\_\_\_\_

Special Handling Instructions: \_\_\_\_\_

**Complete the following to send an acknowledgement card for this donation.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Country \_\_\_\_\_

Please send your donation with the completed form (no cash please) to:  
The Leukemia & Lymphoma Society | Donor Services | PO Box 22324, New York, NY 10087