



WWW.LLS.ORG

## 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 your local LLS chapter or to: The Leukemia & Lymphoma Society, Donor Services, PO Box 98018, Washington, DC 20090-8018

### 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 \_\_\_\_\_

Country \_\_\_\_\_

### CREDIT CARD INFORMATION

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_

Card Type:  VISA  MasterCard  AMEX  DISCOVER

Amount (USD):  \$2500  \$1000  \$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 mail the form and a check or money order (no cash please) to your local chapter, or:  
The Leukemia & Lymphoma Society | Donor Services | PO Box 98018, Washington, DC 20090-8018