



Name: _____

Address: _____ City: _____

State/Zip: _____ Telephone# _____

Email address: _____

AMOUNT ENCLOSED for Leukemia & Lymphoma Memorial Gift Donation _____

Please make your check payable to the Leukemia & Lymphoma Society.

If you would like to charge your memorial gift donation, please complete the following:

Name on Card: _____

Type of Card: MasterCard _____ Card # _____

(Circle one) VISA

American Express _____ Exp. Date _____

Discover Card

Please return memorial gift donation form and donation to:

Leukemia & Lymphoma Society

c/o Judy Miller

PO Box 11334

Chandler, AZ 85248

Questions? Please call me at (480) 707-9925 or (480) 895-6456

Check here if you would like this leukemia memorial gift donation to be posted on the website:

Name of deceased _____

Date of Birth _____ Deceased Date _____

Wording for Memorial _____

Send donation notification to family member: name _____

address _____

city/state/zip _____

**The Leukemia & Lymphoma Society is a 501(c)(3) not-for-profit organization.
Memorial Gift DONATIONS ARE TAX DEDUCTIBLE!**

Those who have fought against blood-related cancers have touched many of our own lives. Please let me know if you would like your donation to be made in honor of one of these special people. Please pass this letter along to anyone you feel would be interested in supporting this cause.