



Team LRF - Donation Form

First Name: _____ M.I.: _____

Last Name: _____

Address: _____ Apt./Unit: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ E-Mail: _____

Fundraiser name: _____

\$500 \$250 \$100 \$50 \$25

Other Amount: _____

_____ I would like for my donation to be listed as anonymous to the public.

_____ I would like to be listed as another name or nickname: _____

Donation Type: Cash Check Credit Card

(Please Circle)

All checks should be made payable to the Lymphoma Research Foundation.

Credit Card Type: VISA MasterCard American Express Discover

(Please Circle)

Credit Card Number: _____ Expiration Date: _____

Name as it appears on Card: _____

I authorize the Lymphoma Research Foundation to charge my credit card for the amount indicated above:

Signature: _____ Date: _____

Please mail this form with your donation to:

Lymphoma Research Foundation

Attn: Team LRF

Wall Street Plaza

88 Pine Street, Suite 2400

New York, NY 10005

Thank you for your support!

Please contact Kea Paddy with any question at kpaddy@lymphoma.org or (646) 465-9104

EIN # 95-4335088