

Thank you for your support!

To join the Circle of Hope, please print, complete, and mail this form to the address below:

**Lymphoma Research Foundation
Wall Street Plaza | 88 Pine Street, Suite 2400
New York, NY 10005 | 212-349-2910**

*Asterisks indicate required information

First Name* _____ Last Name* _____

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I am making a monthly gift of:

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To make your gift by credit card, fill out the information below:

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Credit Card (circle one): American Express Discover MasterCard Visa

I authorize the Lymphoma Research Foundation to charge my credit card each month for the amount indicated above.

Signature _____ Date _____