

Date: \_\_\_\_\_

## Donor Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please include donor address in card for possibility of a return thank you*

### DONATION TYPE

**General Donation**

**Light The Night**

Participant or Team name: \_\_\_\_\_

**Visionaries of The Year**

Candidate Name: \_\_\_\_\_

**Create Your Own**

Participant Name: \_\_\_\_\_

**Other Event**

Event name: \_\_\_\_\_

*Is this a tribute gift? If yes, please select*

**In Honour** OR  **In Memory**

of: \_\_\_\_\_

Send card OR e-card

Recipient Name: \_\_\_\_\_

Recipient Address or E-mail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Message: \_\_\_\_\_

\_\_\_\_\_

Amount: \$ \_\_\_\_\_

**One-time gift**

**Monthly Gift**

*Tax receipts will be automatically issued for gifts of \$25 or more, others on request*

### METHOD OF PAYMENT

**Credit Card**       Visa       MasterCard       American Express

Card number: \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

Name on the card: \_\_\_\_\_ Phone: \_\_\_\_\_

**Cheque**      Please make payable to The Leukemia & Lymphoma Society of Canada

Thank you for your support!

The Leukemia & Lymphoma Society of Canada  
601 -2 Lansing Square, Toronto, ON M2J 4P8

Toll Free 1-833-222-4884

info@bloodcancers.ca

www.bloodcancers.ca

Charitable Registration # 10762 3654 RR0001