

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

P.O. box 9713 Station M, Calgary, Alberta, T2P 0E9.

Toll Free 1-833-222-4884

info@bloodcancers.ca

www.bloodcancers.ca

Charitable Registration # 10762 3654 RR0001