

*Leukemia & Lymphoma Society
Team in Training*

DONOR FORM

**Yes! I want to help in the race against leukemia
and its related cancers!**

Name:

Address:

Phone:

Email:

My donation is in memory/honor of:

Donation: \$1/mile=\$25 \$2/mile=\$50
 \$3/mile=\$75 \$5/mile=\$125
 \$10/mile=\$250 other _____

- Check enclosed (*payable to the Leukemia & Lymphoma Society*)
- Visa or Mastercard (*circle one*)
Account # _____
Exp Date _____
- My company will match this contribution.
Attached is my completed company form.*

Thank you for your support!

Your generosity is greatly appreciated!

Send to:

Cathi Cannon

692 Gresham Avenue SE

Atlanta, GA 30316