

National Children's Leukemia Foundation Donation Form

Thank you for donating to the National Children's Leukemia Foundation. Your donation will help in the fight against leukemia and cancer for children and adults.

Please fill in this form and mail to:
National Children's Leukemia Foundation
7316 Avenue U, Brooklyn, N.Y. 11234

Donation Amount

\$50 \$100 \$200 \$500 \$1000 \$5,000 \$10,000 _____ (Other Amount)

Donation Type

Single Donation:

Monthly Gift: You can join our monthly supporter program. Please contact us at 1-800-GIVE-HOPE for more information.

Anniversary Donation: You can have NCLF withdraw a specified amount on a special anniversary. Please contact us at 1-800-GIVE-HOPE for more information.

Honorary Donation or **Memorial Donation (check one):**

This donation is in honor/memory of: _____

If your gift is in honor of someone special, NCLF will send an acknowledgement to the address listed below:

First Name _____ **Last Name** _____

Address _____

City _____ **State** _____ **Zip** _____

Donor Information

First Name _____ **Last Name** _____

Address _____

City _____ **Province** _____ **Zip Code** _____

E-Mail _____ **Telephone** _____

Payment Method

Please select a payment method: **Check** **Money Order** **Credit Card**

Please make your check or money order payable to: **National Children's Leukemia Foundation.**

Credit card payment information:

Card Number _____

Expiry Date ____/____

Signature _____