



LYMPHOMA  
CANADA

## Montly Giving Donation Form

### Donor Information

Prefix: \_\_\_\_\_ Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like my gift to be in the amount of: \$ \_\_\_\_\_ per month  15th  30th

Please withdraw from my:

Bank Account  
(attach a voided cheque)

Visa

MasterCard

AMEX

Name on card: \_\_\_\_\_

Card no: \_\_\_\_\_

Expiry: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Please print and complete this form, then mail it to Lymphoma Canada at the address below.  
Registered Charity Number: 87346 1040 RR0001

Please send donation to:  
Lymphoma Canada - 7111 Syntex Drive, Suite 351 Mississauga, ON L5N 8C3