



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 - 6860 Century Avenue, Suite 202 Mississauga, ON L5N 2W5