



LYMPHOMA  
CANADA

**Donor Information**

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

Address \_\_\_\_\_

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

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

Donation:                      In Memory                      In Honour                      Other

In Memory or In Honour of :

\_\_\_\_\_

Include a personal message in the card: (optional)

Please send card to:

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

Address: \_\_\_\_\_

\_\_\_\_\_

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

**Donation Information**

I would like to make a donation to Lymphoma Canada in the following amount:

\$20                      \$35                      \$50                      \$100                      Other: \$\_\_\_\_\_

Please send donation to:  
Lymphoma Canada - 6860 Century Avenue, Suite 202 Mississauga, ON L5N 2W5  
Charitable Registration Number: 87346 1040 RR0001