



YES! You can count on our continued support:

- We would like to discuss enhanced sponsorship opportunities
- We would be interested in more information about starting a Corporate Team
- We are unable to be an official sponsor at this time, but would like to be a part of the fight against cancer. Please accept our contribution of \$_____

Company Name (as you would like it to appear): _____

Contact Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: () _____

Email Address: _____

Signature: _____

Date: _____

Payment information

____ Enclosed is my check for \$_____

____ Please send me an invoice for \$_____

____ Please charge my credit card for \$_____

Name as it appears on credit card: _____

Type of Card: Visa MasterCard Discover American Express

Card Number: _____

Expiration Date: _____

CVC (3 digit code on the back of Visa/MasterCard/Discover; four digits on the front for American Express): _____

Please return your completed form to:

**The Leukemia & Lymphoma Society
2700 Westown Parkway, Suite 260
West Des Moines, IA 50266**

Phone: 515-270.6169 maryann.amundson@lls.org