



**Light The Night 2017
National Capital Area
Donation Submission Form**

Please enclose this form with every batch of donations you submit to Light The Night. Please complete this form in its entirety, to ensure your donations will be allocated correctly. Upon receiving these funds, the donations will be reflected on your fundraising page in 5-10 business days. If you have any questions please contact your staff liaison or call 703.399.2941.

Event: Light The Night 2017

Walk site: Northern Virginia (10/13/17) Montgomery County (10/14/17) Washington, D.C. (10/21/17)

Staff Contact: _____ Team Name: _____

Donor Name:	Amount Donated:	Split Full Check Evenly Among Team:	*If Not, Please List Walker Name With Amount To Be Credited
<i>Example: Joe Donor</i>	\$100	Y/N*	<i>Sally Participant \$50 Sam Participant \$50</i>
		Y/N	
		Y/N	
		Y/N	
		Y/N	
		Y/N	
		Y/N	
		Y/N	
		Y/N	

of Enclosed Donations: _____ Total Amount: _____

All checks should be made out to **The Leukemia & Lymphoma Society or **LLS****

Mail this form and all checks to:
The Leukemia & Lymphoma Society
Attn: Light The Night 2017
3601 Eisenhower Avenue, Suite 450
Alexandria, VA 22304

MATCHING GIFTS: Matching Gift Forms, and applicable copies of donations being matched, should be sent directly to The National Capital area Chapter of The Leukemia & Lymphoma Society at 3601 Eisenhower Avenue, Suite 450 Alexandria, VA 22304. Please visit <http://www.matchinggifts.com/lls/> to see if your company participates in the matching gift program.

Submitted By: _____

Email: _____ Phone Number: _____

Signature: _____