



Credit Card Donation Pledge Form

First Name _____ Last Name _____
 Address _____ City _____
 Prov. _____ Postal Code _____ Phone Number () _____
 Walksite _____ Team Name _____

IMPORTANT:

1. Print clearly and legibly
2. A tax receipt will be issued for donations of \$25 or more
3. Check to see if your company will match your donation.
Send your company's gift matching form with your pledge form to the address listed below
4. For any help, questions or comments please contact **604-733-2873**

I understand that the funds I raise will be used to support the mission of The Leukemia & Lymphoma Society of Canada.

Signature of Participant (or Guardian if under 18)

CREDIT CARD INFORMATION:

First Name _____ Last Name _____
 Address _____ Apt # _____
 City _____ Prov. _____ Postal Code _____ Phone Number () _____
 Email _____ Opt Out*
 Credit Card Number _____ Expiry Date _____ / _____
 Signature _____ Date _____

TAX RECEIPT REQUESTED Y/N DONATION AMOUNT Paid



PLEASE RETURN THIS PLEDGE FORM AND ALL CORRESPONDING DONATIONS TO:
 The Leukemia & Lymphoma Society of Canada
 310-1682 West 7th Avenue, Vancouver, BC V6J 4S6

*Opt Out: The Leukemia & Lymphoma Society of Canada (LLSC) collects personal information requested on this form to communicate about the LLSC and its fundraising activities. LLSC does not sell, trade or share your information. If you wish to opt out of receiving information from the LLSC, please check the above or contact us at 1-866-547-5433. The Leukemia & Lymphoma Society of Canada - Charitable Business No. 107623654 RR0001

OFFICE USE ONLY:

TOTAL CHARGE _____
 CODING _____

