

# LYMPHEDEMA AWARENESS EVENT

## Donation Form



Name of Lymphedema Awareness Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

If contribution is in honor or in memory of an individual, please note that here: \_\_\_\_\_

\_\_\_\_\_

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

### PAYMENT

(Checks or Debit/Credit accepted – direct cash contributions to the event coordinator, to pay sum to NLN by Check/Card)

Donation Amount: \_\_\_\_\_

Check Included

Visa  Mastercard  AMEX  Discover

Name (for billing): \_\_\_\_\_

Card Number \_\_\_\_\_ Sec Code: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

*The National Lymphedema Network is a 501(c)(3) charitable non-profit organization (Federal tax ID 94-3068338). No goods or services were provided in exchange for this donation. Your contribution is tax deductible to the extent allowed by law.*

