

Please Print and Include with Donation

Riders Name: April Behnke

Donor's Name: _____

Donation Amount: _____

Check Enclosed—Please make checks payable to
THE LEUKEMIA & LYMPHOMA SOCIETY Check #_____

Credit Card Number _____

Expiration Date _____

The Leukemia & Lymphoma Society is the largest national voluntary health agency dedicated to curing leukemia, lymphoma, Hodgkin's Disease and myeloma, and improving the quality of patients and their families. Scenic Shore 150 participants raise funds used for the Leukemia.

Please return this form with payment to the following address:

Leukemia & Lymphoma Society
Scenic Shore 150
200 S. Executive Drive, Suite 203
Brookfield, WI 53005

Be sure to indicate the participant on your check and this form so they receive credit for your donation.

