



Memorial and Donation Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Please list my contribution in honor of memory of _____

Amount: \$ _____

Enclosed is my check payable to Leukemia Texas.

Please charge my: Master Card Visa American Express

Card Number: _____ Expiration Date: _____ / _____

Billing Zip Code (Required by credit card issuer) _____

Name on Card: _____

Signature: _____

If you would like an acknowledgement of your gift sent, please provide Leukemia Texas the appropriate contact information below.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please Return This Completed Form to Leukemia Texas

4925 N O'Connor Road, Suite 125
Irving, TX 75062
(214) 265-7393
Info@LeukemiaTexas.org

Leukemia Texas is a 501(c)(3) nonprofit corporation. All contributions are tax deductible to the extent permitted by law. A receipt will be mailed for your records. Thank you for your support.