

Thank you for supporting The Leukemia & Lymphoma Society's efforts to create a world without blood cancers.

School Name
Team Name, if different than School Name
School Mailing Address
City, State, Zip
Team Captain
Captain's Email Address ———————————————————————————————————
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CHECKS	KS MONEY ORDERS	
# of Checks	# of Money Orders	
Total \$	Total \$	

If these funds should be distributed between team members, please list them below. Otherwise, all funds will be credited toward the team.

TEAM MEMBER NAME	AMOUNT TO BE CREDITED