National Lymphedema Network

Printable Donation Form

Please accept my/our gift of $ _____

DONOR INFORMATION

Name(s): _____

Email: _____ Phone: _____

Street: _____ City/State/ZIP: _____

OPTIONAL

In Memory/Honor:

☐ This gift is made in honor of: _____

☐ This gift is made in memory of: _____

Please notify:

Name: _____ Address: _____

☐ Notify them by email: _____

I am donating:

☐ By a check enclosed made to the National Lymphedema Network.

Leave a Legacy.

☐ I have already included the NLN in my will and / or as a beneficiary of a trust, retirement account, or life insurance policy.

☐ I would like more information on planned giving opportunities to make the NLN part of my legacy.

Host a Fundraiser:

☐ I'd like to host a fundraiser in my community. Please contact me so we can get started!

To give by phone: 1-800-541-3259 or visit Lymphnet.org/donate

Please return this to: National Lymphedema Network, C/O Michael Cannon, 4907 Centerway Dr, Durham, NC 27705

THANK YOU FOR YOUR GENEROUS CONTRIBUTION AND CONTINUED SUPPORT!