

**YES, I WOULD LIKE TO HELP PATIENTS AND FAMILIES WITH LEUKAEMIA,
LYMPHOMA, MYELOMA AND RELATED BLOOD CONDITIONS.**

First name: _____ **Last name:** _____

Address: _____

Suburb: _____ **Postcode:** _____

City: _____

Phone: () _____ **Mobile:** _____

Email: _____

\$30
 \$50
 \$70
 \$100

Debit my credit card: (Please select card type and fill in card details below)

Visa
 Diners
 Amex
 Mastercard

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Name on card: _____ **Expiry date:** _____ / _____

Or cheque enclosed: (made payable to the Leukaemia & Blood Foundation)

Signed: _____ **Date:** _____

The Leukaemia & Blood Foundation will record your details to facilitate services and keep you informed about leukaemia, lymphoma, myeloma and related blood conditions. We value your privacy and will take all necessary steps to protect it. You can access, change or delete this information by contacting us on lbf@leukaemia.org.nz.