

LYMPHOMA

RESEARCH • FOUNDATION

Please fill out the following form and send it to:

**Security and Privacy Requests
Lymphoma Research Foundation
111 Broadway 19th floor
New York, NY 10006**

*Alternative/y, you may call 1-800-235-6848 and relay your preferences to a
Customer Service Representative.*

First Name _____ **Middle Initial** ____ **Last Name** _____

Address _____

City _____ **State** _____ **ZIP Code** _____

Telephone Number _____ **Contact Preferences:**

**I prefer that the Lymphoma Research Foundation does not contact me by
(check all that apply):**

_____ **Mail**
_____ **Telephone**
_____ **Email**

- _____ **Do not share my contact information with other organizations.**
_____ **Do not contact me with fundraising requests supporting LRF**
_____ **Limit your fundraising appeals to semi-annual solicitations only**
_____ **Do not contact me or share my information with anyone**