

# LYMPHOMA

RESEARCH • FOUNDATION



Participant's Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Yes! I will make a contribution to the Lymphoma Research Ride

\$1,000  \$500  \$250  \$100  \$50  other amount: \_\_\_\_\_

Please make sure your check(s) payable to the Lymphoma Research Foundation.

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Thank you so much for your contribution!  
Please mail this form and check to:

Lymphoma Research Foundation  
**Lymphoma Research Ride**  
115 Broadway, 13<sup>th</sup> Floor  
New York, NY 10006