



Please fill out the following form and send it to:

Security and Privacy Requests
Lymphoma Research Foundation
115 Broadway, 13th Floor
New York, NY 10006

Alternatively, 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.