



2010 HOLIDAY CARD ORDER FORM

Place Your Order / Ship To:

Name: _____ Company Name: _____
 Address: _____ City: _____ State: _____ Zip _____
 Phone: _____ Email: _____
 LRF Chapter Affiliation: _____

Selected Card:

1. Number of boxes: _____ Card #: _____ Ink Color: _____ Verse Choice: _____

1. Card Total \$ _____

2. **Card Personalization:** Imprinted Cards – up to 3 lines free, 25 characters max per line.

3. **Envelope Personalization:** Imprinted Envelope - \$10.00 for 25-100 envelopes. \$2.50 per box thereafter. Price includes up to 3 lines of imprint, 25 characters max per line.

2. Envelope Personalization Total \$ _____

Add 1 & 2 = \$ _____

Subtract 10% = \$ _____

Subtotal = \$ _____

Add Shipping \$ 10.00

Total Cost \$ _____

Please return order form with

- A check payable to Leukemia Research Foundation
- Credit Card: Visa MC AMEX DIS
- Card No.: _____

*Expiration Date: ____/____

Signature: _____

Mail order forms and payment to:

Dorothy Pfeiffer, Holiday Card Program Chair
 8919 McVicker Ave.
 Oak Lawn, IL 60453-1137

Fax order forms to:

Leukemia Research Foundation
Fax: 847-424-0606

Leukemia Research Foundation
 3520 Lake Avenue, Suite 202 • Wilmette, IL 60091-1064 • 847.424.0600 • Fax 847.424.0606 • www.leukemia-research.org

The mission of the Leukemia Research Foundation is to conquer leukemia, lymphoma and myelodysplastic syndromes by funding research into their causes and cures, and to enrich the quality of life of those touched by these diseases.