

Friends of TNT Agreement Form

I have read the proposal and agree to fulfill the responsibilities stated therein for the upcoming year or remainder thereof (July 2009- July 2010):

Business Name & Type of Business: _____

Contact Person and Title: _____

Primary Business Address: _____

Additional Location/s: _____

Phone Number: _____ Fax # _____

Email Address: _____

Website: _____

Signature

Date

MEMBERSHIP (please select one) Note: Your donation is 100% tax-deductible.

- Friends of TNT Annual Donation (includes one table at all four Kickoff Expos) \$100 min. for Membership
 Friends of TNT Seasonal Donation \$50 min. per season for Membership
You can select your preferred season(s) here.
__ Winter (August – January) __ Spring (December - May)
__ Summer (February - June) __ Fall (May - November)

PAYMENT INFORMATION

Paid by Check # _____ Name on check: _____

Make check payable to: LLS

Paid by Credit Card (please select card type): __ Master Card __ Visa __ American Express __ Discover

NOTE: MC, Visa, Disc have 16 digits; AmEx has 15. The VIN Code is a 3-digit number usually located in the signature panel. For AmEx cards, it is 4 digits located on the front.

Card #: VIN code: _____ Exp. date: _____

Name as it appears on the card: _____ Signature: _____

Billing Address (include city, state & zip): _____

Please return this signed agreement form and payment to:

Leslie Williams Jelsma
The Leukemia & Lymphoma Society
Texas Gulf Coast Chapter
5005 Mitchelldale, Suite 115
Houston, TX 77092
leslie.jelsma@LLS.org
Phone: (713) 680-8088 Fax: (713) 683-9504

IMPORTANT: Please email a short information sheet about your business and the services you provide for inclusion in our website. If you would like the listing to include your logo, please submit a .tif file via email.

For office use only

Approved by: _____ Date: _____