

Alaska Airlines Miles Donor Incentive Form

Alaska Airlines Mileage Plan Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Donor's Name:	_____							
Name as it appears on the Alaska Airlines Mileage Account:	_____							
Amount of Donation:	_____	Donation Date:	_____					
(Must be over \$100)								
Team In Training Participant Name:	_____							
Marathon/Cycle/Tri:	_____							
(Name of race that the participant will be completing)								

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**Please return completed forms to: The Leukemia & Lymphoma Society,
530 Dexter Ave. N, Suite 300, Seattle, WA 98109
Make additional copies of this sheet as needed. Copy completed forms for your records.**