



Membership Application

I would like to join the Long Island League to Abolish Cancer and aid you in your efforts

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Please send your tax-deductible check for \$60.00 with this form to:

LILAC
c/o Elly Rosen
11 Cedar Dr. S.
Old Bethpage, NY 11804