



# DONATION DEPOSIT SLIP

Send this slip with donation checks payable to Lung Cancer Research Foundation to:  
Lung Cancer Research Foundation, 1 Point Place, Suite 200, Madison, WI 53719

Event name \_\_\_\_\_  
Participant's name \_\_\_\_\_  
Participant's address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Team (if applicable) \_\_\_\_\_

Donor Name	Amount
	\$
	\$
	\$

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	\$
	\$
	\$

Please fill this out based on the deposit you are turning in today.  
Total amount of checks \$ \_\_\_\_\_  
Total amount of cash \$ \_\_\_\_\_  
(Please do not mail cash. Instead, write a check to cover the cash amount and indicate CASH in the memo line.)

Total amount enclosed  
\$

For office use only:  
Checks \$ \_\_\_\_\_  
Cash \$ \_\_\_\_\_  
Amount enclosed \$ \_\_\_\_\_  
Received by \_\_\_\_\_



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