



DONATION DEPOSIT SLIP

Please include a deposit slip with your donations and send to:
Lung Cancer Research Foundation, 155 E 55th St, Suite 6E, New York, NY 10022

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.)

Event name _____

Participant's name _____

Participant's address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Team (if applicable) _____

Total amount enclosed

\$

For office use only:

Checks \$ _____

Cash \$ _____

Amount enclosed \$ _____

Received by _____

Donor Name	Amount
	\$
	\$
	\$

Donor Name	Amount
	\$
	\$
	\$



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