

# DONATION *form*

## CONTACT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_  
Company Name \_\_\_\_\_

## DONATION INFORMATION

\$1,000    \$500    \$250    \$100    \$50    Other \$ \_\_\_\_\_

DONATE

*online*

at [freetobreathewalk.org](http://freetobreathewalk.org)

## EVENT INFORMATION **(required)** to properly process your donation)

Event Name: \_\_\_\_\_

Please credit this donation to:

Event Participant \_\_\_\_\_  
 Fundraising Team \_\_\_\_\_

## BILLING INFORMATION

Check *(please make payable to LCRF)* # \_\_\_\_\_  
 Visa    Mastercard    Discover    American Express    Cash    Square  
Card # \_\_\_\_\_ Billing Address \_\_\_\_\_  
*(last 4 digits if Square)* *(if different than above)*  
Exp. Date \_\_\_\_/\_\_\_\_ Card ID # \_\_\_\_\_  
 Yes, I have remembered LCRF in my estate plan.    Yes, I would like someone to contact me regarding my estate plan.

## DOUBLE YOUR GIFT TO DOUBLE YOUR IMPACT

My employer offers a matching gift program. Enclosed is the matching gift form for LCRF to complete and return to my employer.

ALL DONATIONS ARE TAX DEDUCTIBLE and benefit research and patient programs dedicated to increasing lung cancer survival.

Send completed forms with payment to:

Lung Cancer Research Foundation | Free to Breathe Events Program  
1 Point Place, Suite 200 | Madison, WI 53719  
P 608.833.7905 | [lcrf.org](http://lcrf.org)



Lung Cancer Research  
FOUNDATION™