

# MULTI-DONATION

- **Please print clearly** so tax receipts may be issued to each donor.
- **Please keep a record** of your donation forms.
- **Make all checks payable** to the Lung Cancer Research Foundation.

DONATE

*online*

at [LCRF.org/givenow](http://LCRF.org/givenow)

Event name \_\_\_\_\_

## FUNDRAISER CONTACT INFORMATION

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Name \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Total Amount Enclosed:

## DONATION INFORMATION

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_ Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Cash  Check # \_\_\_\_\_  Visa  Amex  Disc. Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Card ID \_\_\_\_\_ Signature \_\_\_\_\_

Pledge Amount:

Received on (Date):

Matching Gift Company:

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_ Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Cash  Check # \_\_\_\_\_  Visa  Amex  Disc. Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Card ID \_\_\_\_\_ Signature \_\_\_\_\_

Pledge Amount:

Received on (Date):

Matching Gift Company:

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_ Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Cash  Check # \_\_\_\_\_  Visa  Amex  Disc. Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Card ID \_\_\_\_\_ Signature \_\_\_\_\_

Pledge Amount:

Received on (Date):

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Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_ Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Cash  Check # \_\_\_\_\_  Visa  Amex  Disc. Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Card ID \_\_\_\_\_ Signature \_\_\_\_\_

Pledge Amount:

Received on (Date):

Matching Gift Company:

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

Send completed forms with pledge contributions to:

Lung Cancer Research Foundation  
155 E 55th St. Suite 6E | New York, NY 10022  
(212) 588-1580 | [LCRF.org](http://LCRF.org)

