

DONATION *form*

CONTACT INFORMATION

Mr. Mrs. Ms. Dr. Other _____
First Name _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Company Name _____
Email _____ Phone _____

For your tax records:

If you provide a valid, legible email address, you will receive an electronic acknowledgement of your donation.

If you do not provide a valid, legible email address, and your donation was \$50 or more, you will receive a printed acknowledgement mailed to the address provided here.

If your donation is valued at \$100 or more, you will receive both a printed, mailed acknowledgement and an electronic acknowledgement.

I do not wish to receive additional electronic communications from Free to Breathe (other than my acknowledgement).

DONATION INFORMATION

\$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

Recognition Name (if different from above) _____

DONATE
online
at freetobreathe.org

COMMEMORATION INFORMATION (optional)

In honor of In memory of Honoree Title Mr. Mrs. Ms. Dr. Other _____

Honoree Name _____

Please send notification of this gift to the person listed below. Please do not notify the honoree or the family of my gift.

Name _____

Relationship to the person this gift is in memory/honor of: _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Note to this person or other special instructions: _____

BILLING INFORMATION

Check (please make payable to Free to Breathe) # _____ Cash

Visa Mastercard Discover American Express

Card # _____ Billing Address _____

Exp. Date ____/____/____ Card ID # _____ (if different than above)

Yes, I have remembered Free to Breathe in my estate plan. Yes, I would like someone to contact me regarding my estate plan.

DOUBLE YOUR GIFT TO HELP DOUBLE SURVIVAL

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

ALL DONATIONS ARE TAX DEDUCTIBLE and benefit research and patient programs dedicated to doubling lung cancer survival by 2022.

Send completed forms with payment to:

Free to Breathe | 1 Point Place, Suite 200 | Madison, WI 53719

P 608.833.7905 | F 608.833.7906 | freetobreathe.org



free to breathe
a partnership for lung cancer survival