

# DONATION *form*

## CONTACT INFORMATION

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

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

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

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

**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 \$ \_\_\_\_\_

**DONATE**  
*online*  
at [freetobreathe.org](http://freetobreathe.org)

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

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

Please credit this donation to:

Event Participant \_\_\_\_\_

Fundraising Team \_\_\_\_\_

Event (no specific participant or team) \_\_\_\_\_

## BILLING INFORMATION

Check *(please make payable to Free to Breathe)* # \_\_\_\_\_

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 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](http://freetobreathe.org)



free to breathe  
a partnership for lung cancer survival