

MULTI-DONATION *form*

- **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 Free to Breathe.

DONATE
online
at freetobreathe.org

Event name: _____

FUNDRAISER CONTACT INFORMATION

Mr. Mrs. Ms. Dr. Other _____
First Name _____ Last Name _____
Address _____ City _____ State _____ Zip Code _____
Company Name _____
E-mail _____ Phone _____

DONATION INFORMATION

Total Amount Enclosed:

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): _____
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: _____

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

Send completed forms with pledge contributions 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