



Free to Breathe® Donation Form

City: _____

Please print clearly. Send completed forms with payment to:
National Lung Cancer Partnership
Attn: *Free to Breathe*®
222 N. Midvale Blvd., Suite 6
Madison, WI 53705

Contact Information

Mr. Mrs. Ms. Miss

First & Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Donation Information

Donation Amount: \$25 \$50 \$100 \$250 Other \$ _____

Payment Type: Check (made out to *Free to Breathe*® with event location in memo line)
 Visa Mastercard American Express Discover

Card #: _____ Expiration Date: ____/____

Card ID # (last 3 digits on back; four digits on front of AMEX): _____

Billing Address (if different than above): _____

Optional Information

Please credit this donation to _____'s fundraising efforts.

My employer offers a matching gift program. Enclosed is the matching gift form for National Lung Cancer Partnership to complete and return to my employer.

All donations are tax-deductible. All proceeds from *Free to Breathe*® benefit the National Lung Cancer Partnership's research, education and awareness programs.

If you provided a current and legible email address above, you will receive an electronic acknowledgment letter to serve as your tax receipt. If no email address was provided, we will mail you a letter. The National Lung Cancer Partnership is a 501(c)(3) non-profit organization. Our federal tax ID number is 45-0505050.

