



Free to Breathe® _____ Donation Form

Please print clearly. Send completed forms with payment to:
National Lung Cancer Partnership
Attn: Free to Breathe
1 Point Place, Suite 200
Madison, WI 53719

Donor Contact Information

Mr. Mrs. Ms. Miss Dr.

First & Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

Donation Information

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

Please credit this donation to: Participant: _____

Team: _____

Event (no specific participant or team)

Payment: Cash Check # ____ (payable to Free to Breathe, add event location in memo line)

Visa Discover AMEX Mastercard

Card#: _____ Expiration Date: _____ / _____

Card ID# (last 3 digits on back of card (last 4 on front of AMEX): _____

Billing Address (if different from above): _____

Matching Gift Information

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

All donations are tax-deductible and proceeds 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 acknowledgement 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.

