



Free to Breathe® Donation Form

City: _____

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

Contact Information

Mr. Mrs. Ms. Miss Dr.

First & Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Donation Information

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

Please credit this donation to: Participant: _____

Team: _____

Free to Breathe® Event - City: _____
(no specific participant or team)

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/4 digits 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. 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 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.

