



## Free to Breathe® Dayton Donation Form

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: \_\_\_\_\_

General Dayton Free to Breathe® Event (no particular 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.

