



Free to Breathe® Raleigh Donation Form

Please print clearly. Send completed forms with payment to:
North Carolina Lung Cancer Partnership
Attn: Free to Breathe®
4000 Blue Ridge Road, Suite 170
Raleigh, NC 27612

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 Raleigh 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 North Carolina Lung Cancer Partnership to complete and return to my employer.

All donations are tax-deductible. All proceeds from the Raleigh Free to Breathe® event benefit the North Carolina 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 North Carolina Lung Cancer Partnership is under a group exemption of the National Lung Cancer Partnership, a 501(c)(3) non-profit organization (federal tax ID number 45-0505050).

