



Free to Breathe® Pledge Form

City: _____

- Please print clearly and include full donor mailing address information so tax receipts can be issued to each donor.
- Keep a record of your pledge form(s) and add the pledges to your online fundraising page if you set one up.
- Make checks payable to *Free to Breathe®* and write the event location in the memo line.

Send completed form(s) with pledge payments to:
National Lung Cancer Partnership | Attn: *Free to Breathe®* | 222 N. Midvale Blvd., Suite 6 | Madison, WI 53705

Fundraiser Full Name:		Team Name:	
Address:	City:	State:	Zip:
Phone:	Email:		

Full Name:		Matching Gift Company:	Pledge Received Amount:
Address:			
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Disc		Amount:	Date:
Name on Card:			
Card #:	Exp:	Card ID #:	Signature for Card:
Full Name:		Matching Gift Company:	Pledge Received Amount:
Address:			
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Disc		Amount:	Date:
Name on Card:			
Card #:	Exp:	Card ID #:	Signature for Card:
Full Name:		Matching Gift Company:	Pledge Received Amount:
Address:			
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Disc		Amount:	Date:
Name on Card:			
Card #:	Exp:	Card ID #:	Signature for Card:
Full Name:		Matching Gift Company:	Pledge Received Amount:
Address:			
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Disc		Amount:	Date:
Name on Card:			
Card #:	Exp:	Card ID #:	Signature for Card:
Full Name:		Matching Gift Company:	Pledge Received Amount:
Address:			
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Disc		Amount:	Date:
Name on Card:			
Card #:	Exp:	Card ID #:	Signature for Card:
TOTAL DONATIONS (THIS PAGE)		\$	

All donations are tax-deductible. All proceeds from *Free to Breathe®* benefit National Lung Cancer Partnership, a 501(c)(3) non-profit organization. Our federal tax ID number is 45-0505050.

