



Free to Breathe® Pledge Form

Event City: _____

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

Send completed form(s) with pledge contributions 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:	City: State: Zip:	Date:
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Disc Name on Card:		
Card #:	Exp: Card ID #:	Signature for Card:
Full Name:	Matching Gift Company:	Pledge Received Amount:
Address:	City: State: Zip:	Date:
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Disc Name on Card:		
Card #:	Exp: Card ID #:	Signature for Card:
Full Name:	Matching Gift Company:	Pledge Received Amount:
Address:	City: State: Zip:	Date:
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Disc Name on Card:		
Card #:	Exp: Card ID #:	Signature for Card:
Full Name:	Matching Gift Company:	Pledge Received Amount:
Address:	City: State: Zip:	Date:
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Disc Name on Card:		
Card #:	Exp: Card ID #:	Signature for Card:
Full Name:	Matching Gift Company:	Pledge Received Amount:
Address:	City: State: Zip:	Date:
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Disc 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 the National Lung Cancer Partnership, a 501(c)(3) non-profit organization (federal tax ID number 45-0505050).

