



## 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.

