LUNG CANCER RESEARCH FOUNDATION
Living. Breathing. Science.®

DONATION DEPOSIT SLIP

Please include a deposit slip with your donations and send to:
Lung Cancer Research Foundation, 501 7th Ave, Suite 230, New York, NY 10018

Please fill this out based on the deposit you are turning in today.

Total amount of checks $ _____

Total amount of cash $ _____

(Please do not mail cash. Instead, write a check to cover the cash amount and indicate CASH in the memo line.)

Event name _____

Participant's name _____

Participant's address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Team (if applicable) _____

Total amount enclosed
$

Donor Name	Amount	Donor Name	Amount
	$		$
	$		$
	$		$

For office use only:

Checks $_____

Cash $_____

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