

DONATION *form*



CONTACT INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Company Name _____

DONATION INFORMATION

\$1,000 \$500 \$250 \$100 \$50 Other \$ _____

Check # _____

EVENT INFORMATION *(required to properly process your donation)*

Event Name _____

Please credit this donation to (name of participant) _____

DOUBLE YOUR GIFT TO DOUBLE YOUR IMPACT

My employer offers a matching gift program. Enclosed is a matching gift form for LCRF to complete and return to my employer.

SEND COMPLETE FORM WITH PAYMENT TO

Lung Cancer Research Foundation, 501 7th Ave, Suite 230, New York, NY 10018

(212) 588-1580 | events@LCRF.org | LCRF.org

All donations are tax deductible and benefit research and programs dedicated to improving lung cancer outcomes.