

MULTI-DONATION FORM

- **Please print clearly** so tax receipts may be issued to each donor.
- **Please keep a record** of your donation forms.
- **Make all checks payable** to the Lung Cancer Research Foundation.

Event name _____

FUNDRAISER CONTACT INFORMATION

Mr. Mrs. Ms. Dr. Other _____
First Name _____ Last Name _____
Address _____ City _____ State _____ Zip Code _____
Company Name _____
E-mail _____ Phone _____

DONATION INFORMATION

Total Amount Enclosed:

Mr. Mrs. Ms. Dr. Other _____ Full Name _____
Address _____
City _____ State _____ Zip Code _____ Email _____
 Cash Check # _____ Visa Amex Disc. Name on Card _____
Card Number _____ Expiration _____ Card ID _____ Signature _____

Pledge Amount:

Received on (Date):

Matching Gift Company:

Mr. Mrs. Ms. Dr. Other _____ Full Name _____
Address _____
City _____ State _____ Zip Code _____ Email _____
 Cash Check # _____ Visa Amex Disc. Name on Card _____
Card Number _____ Expiration _____ Card ID _____ Signature _____

Pledge Amount:

Received on (Date):

Matching Gift Company:

Mr. Mrs. Ms. Dr. Other _____ Full Name _____
Address _____
City _____ State _____ Zip Code _____ Email _____
 Cash Check # _____ Visa Amex Disc. Name on Card _____
Card Number _____ Expiration _____ Card ID _____ Signature _____

Pledge Amount:

Received on (Date):

Matching Gift Company:

Mr. Mrs. Ms. Dr. Other _____ Full Name _____
Address _____
City _____ State _____ Zip Code _____ Email _____
 Cash Check # _____ Visa Amex Disc. Name on Card _____
Card Number _____ Expiration _____ Card ID _____ Signature _____

Pledge Amount:

Received on (Date):

Matching Gift Company:

ALL DONATIONS ARE TAX DEDUCTIBLE and benefit research and patient programs dedicated to increasing lung cancer survival.

Send completed forms with pledge contributions to:
Lung Cancer Research Foundation
501 7th Ave, Suite 230 | New York, NY 10018
(212) 588-1580 | LCRF.org

