



DONATION DEPOSIT SLIP

Please include a deposit slip with your donations and send to:
Lung Cancer Research Foundation, 155 E 55th St, Suite 6H, New York, NY 10022

Event name _____
Participant's name _____
Participant's address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Team (if applicable) _____

Donor Name	Amount
	\$
	\$
	\$

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	\$
	\$
	\$

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.)

Total amount enclosed
\$

For office use only:
Checks \$ _____
Cash \$ _____
Amount enclosed \$ _____
Received by _____



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