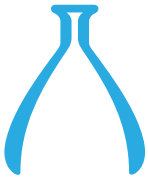


# DONATION *form*



**LUNG CANCER  
RESEARCH  
FOUNDATION**  
Living. Breathing. Science.

## 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, 155 E 55th St, Suite 6H, New York, NY 10022

(608) 833-7905 | [events@lcrf.org](mailto:events@lcrf.org) | [lcrf.org](http://lcrf.org)

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