

# MULTI-DONATION *form*



- **Please print clearly** so tax receipts may be issued to each donor and **keep a copy** of your donation forms.
- **Make all checks payable** to the Lung Cancer Research Foundation.
- **Send completed form with payment to LCRF at:** P.O. Box 780990, Philadelphia, PA 19178-0990
- **All donations are tax deductible** and benefit research and programs dedicated to improving lung cancer outcomes. **Questions?** Contact [events@LCRF.org](mailto:events@LCRF.org) or (212) 588-1580.

## FUNDRAISER INFORMATION

Total amount enclosed:

Event \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

## DONOR INFORMATION

Full name \_\_\_\_\_ Amount donated \_\_\_\_\_  
Street address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
☐ Cash ☐ Check # \_\_\_\_\_ Credit card: ☐ Visa ☐ Mastercard ☐ AmEx ☐ Discovery  
Card # \_\_\_\_\_ Exp \_\_\_\_\_ Code \_\_\_\_\_  
Signature \_\_\_\_\_

Full name \_\_\_\_\_ Amount donated \_\_\_\_\_  
Street address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
☐ Cash ☐ Check # \_\_\_\_\_ Credit card: ☐ Visa ☐ Mastercard ☐ AmEx ☐ Discovery  
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Card # \_\_\_\_\_ Exp \_\_\_\_\_ Code \_\_\_\_\_  
Signature \_\_\_\_\_