



DONATION FORM

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Donation Type:

- Event donation in honor of _____
- Tribute donation in honor of _____
- Tribute donation in memory of _____
- General donation _____

Amount: \$ _____

Check # _____ Credit Card # _____ Expiration _____

Signature _____

(Optional) Please send acknowledgement of my tribute donation to:

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Please make checks payable to LUNgevity Foundation

435 North LaSalle Street, Suite 310, Chicago, Illinois 60654
phone: (312) 464-0716, fax: (312) 464-0737
www.lungevity.org

*LUNgevity Foundation is a 501(c)(3) nonprofit organization (EIN 36-4433410).
Your donation is tax-deductible to the full extent provided by law. Please copy this form for your records.*

You will receive an acknowledgment letter for your donation.