



<b>Participant Information:</b>	
Full Name	_____
Phone	_____
Email	_____
Team Name	_____

# LUNGeivity Kankakee Lung Cancer Walk

## Donation Form

Go Green! Provide us with your email address to receive your donation acknowledgement via email. By doing so, you will be helping the environment and helping us to grant more money towards lung cancer research.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Donation Amount \_\_\_\_\_  
 Check # \_\_\_\_\_  Cash  
 Credit Card \_\_\_\_\_  
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**Please make checks payable to LUNGeivity Foundation**  
 435 North LaSalle Street, Suite 310, Chicago, IL 60654  
 phone: (312) 464-0716, fax: (312) 464-0737  
[www.lungevity.org](http://www.lungevity.org)

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

**KANKAKEE0510**