

B R E A T H E

the lung association

Thank you for making a donation to the Lung Association. Your gift will help the one in five Canadians with lung disease.

I am enclosing a one-time donation of

\$35 \$50 \$100 \$250 Other _____

First name _____ Last name _____

Address _____ Suite _____

City _____ Prov/State _____ Postal/ZIP code _____

Payment information

I wish to pay by cheque/money order (Payable to The Lung Association)

I wish to pay by credit card (Please complete credit card information below)

Visa MasterCard American Express

Name on card _____

Card number _____ Expiry date _____

Credit card verification number (CVV) _____

(For security reasons, we need your CVV. VISA/MC: Three digits on back of card; AMEX: Four digits on front of card)

Signature _____

Type of Donation

General donation In memory In honour

You may make a donation in memory of a loved one, friend or colleague.
The Lung Association will send a card on your behalf acknowledging your gift.

Gift in memory of _____
(name of deceased)

Gift in honour of _____
(name of individual)

Acknowledgement card

On your behalf, we can send a card to notify an individual of your generous donation.

First name _____ Last name _____

Address _____ Suite _____

City _____ Prov/State _____ Postal/ZIP code _____

How would you like the card to be signed (name or names)?

Thank you for supporting The Canadian Lung Association

Please mail this form to the Canadian Lung Association office:

The Canadian Lung Association
502-885 Meadowlands Drive
Ottawa, Ontario, K2C 3N2, Canada