

Canadian Lung Association

B R E A T H E

Thank you for your generous support.

DONATION INFORMATION

Enclosed is donation of

☐ \$125 for our 125th anniversary ☐ \$35 ☐ \$50 ☐ \$250 ☐ Other

☐ This is a **one-time** donation. ☐ This is a **monthly** donation.*

You will receive a tax receipt for a donation of \$20 or more.

This is gift is:

☐ a general donation ☐ a tribute gift to honor a special person or occasion

☐ a tribute gift in memory of someone who has passed away

If this is a tribute gift, what is the name of the individual you are honoring?

If you are making a tribute gift, we will send a card on your behalf notifying an individual of your generous gift. Who would you like to receive this card?

First name

Last name

Address

City

Province/State

Postal/ZIP code

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

Your gift will be used to:

- Develop more programs and resources to help Canadians with lung disease to live their best lives
- Increase Canadians' understanding of lung health and healthy lung behaviours
- Fund the next generation of Canadian lung health researchers
- Advocate for lung-friendly legislation and policies

Please complete payment information on the reverse. Gifts will not be processed without complete payment information.

*Monthly donations can be cancelled at any time.

DONOR INFORMATION

Your first name

Your last name

Address

City

Province/State

Postal / ZIP code

Phone number

☐

Home

☐

Cell

E-mail address

☐

Please, do not send me
information about the
Canadian Lung
Association by e-mail.

PAYMENT INFORMATION

☐

I wish to pay by cheque or money order (payable to the Canadian Lung Association).

I wish to pay by

☐

VISA

☐

MASTERCARD

☐

AMERICAN EXPRESS

Card number

Expiry date

CVV*

Cardholder name

Cardholder signature

***We require your credit card verification (CVV) number to ensure this is a legitimate transaction. On a VISA or Mastercard, this is the three-digit number on the back of the card. On an AMEX, it is the four-digit number on the front of the card.**

Once completed, please mail this form to our office:

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

Questions? info@lung.ca or 1-888-566-LUNG (5864)

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Charity registration # 106862998RR0001