National Lung Cancer Partnership
RESEARCH. AWARENESS. CHANGE.

Commemoration Form

Contact Information

First Name _____ Last Name _____

Address _____

Address Cont. _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ E-mail _____

This address is: ☐ Home ☐ Work

Commemoration Information

☐ Please designate this gift to the North Carolina chapter.
☐ Please designate this gift to the Pennsylvania chapter.
(If no chapter is selected, your gift will be designated to the National Lung Cancer Partnership.)

Donation amount:
☐ $25 ☐ $50 ☐ $100 ☐ $500 ☐ $1,000 ☐ Other $_____

☐ In honor of ☐ In memory of

Honoree Name _____

☐ Please send notification of this gift to the person listed below.
☐ Please do not notify the honoree or the family of my gift.

Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

How is this person related to the honoree? _____

Billing Information

☐ Check (payable to National Lung Cancer Partnership)

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card # _____ Billing Address _____
if different than above

Exp. Date ___/___ Card ID # _____ _____

All donations are tax-deductible.

222 N. Midvale Blvd. Suite 6 Madison, WI 53705 P 608.233.7905 F 608.233.7893 www.NationalLungCancerPartnership.org