



Yes, I want to help reverse decades of stigma and neglect by empowering those with or at risk for the disease, elevating awareness and changing health policy.

1. Enclosed is my contribution of:

_____ \$25 _____ \$50 _____ \$100 _____ \$250 _____ \$500 _____ \$1,000 _____ Other

2. This gift is to commemorate someone special:

In Honor of () or In Memory () of: _____

3. Please notify the following individual of my support*:

Name: _____

Address: _____

Email: _____

Phone: _____

**The notification letter will advise that a gift has been made but the actual giving amount is strictly confidential.*

4. Payment method:

Enclosed is my **check** made payable to *Lung Cancer Alliance*.

Name: _____

Address: _____

Phone: _____

_____ **Yes!** I'd like to help cut mailing costs so that we may help others, and be kept up-to-date on Alliance programs, advocacy efforts and special events by joining

E-Alerts. My email address is: _____

Please **charge** my: _____ VISA _____ Mastercard _____ AmEx _____ Discover

Account#: _____

Expiration Date: _____

Signature: _____

5. Please send me information on:

_____ Phone Buddy Program _____ Team Lung Love _____ National Vigil _____ Planned Giving

Please return this completed form and donation to:

**LUNG CANCER ALLIANCE
PO BOX 418372
BOSTON, MA 02241-8372**

If you have any questions, please contact us at 202/463-2080.

Contributions to Lung Cancer Alliance are tax-deductible to the fullest extent permitted by law.

Thank you for your generous support!