



**AMERICAN
LUNG
ASSOCIATION®**

1-800-LUNGUSA

Honoree Information:

Honor Gift Type (Check Selection): In Honor of In Memory of

Honoree Title: _____

Honoree First Name: _____ Honoree Last Name: _____

Optional Gift Notification:

Recipient Title: _____

Recipient First Name: _____ Recipient Last Name: _____

Message Body:

Include Gift Amount in Message (Select One): Yes No

Message Closing: _____

Message Signature: _____

Recipient Street 1: _____

Recipient Street 2: _____

Recipient City: _____

Recipient State/Province: _____

Recipient ZIP /Postal Code: _____

Recipient Country: _____



**AMERICAN
LUNG
ASSOCIATION®**

1-800-LUNGUSA

Select Gift Amount:

\$500 \$250 \$150 \$100 \$50 Other Amount: _____

Donor Information:

Title: _____

First Name: _____

Middle Name: _____

Last Name: _____

Suffix: _____

Street 1: _____

Street 2: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____

Country: _____

Email Address: _____

Please mail donation and form to:

American Lung Association
National Direct Response Headquarters
1200 Hosford Street, Suite 101
Hudson, WI 54016-9316

Donations received by our donation processing center are redistributed to the local American Lung Association offices.