

Salact Gift Amount

1-800-LUNGUSA

Select G	III AIIIO	diit.				
\$500	\$250	\$150	\$100	\$50	Other Amount	
Donor lı	nformat	ion:				
Title:						
First Name	·					
Middle Nar	me:				_	
Last Name:						
Suffix:						
Street 1:						
Street 2: _						
City:				_		
State/Provi	nce:					
ZIP/Postal	Code:					
Country: _						
Email Addr						

Please Mail Donation and Form to:

American Lung Association | Donation Processing Center | PO Box 7000 | Albert Lea, MN 56007-8001