



Please accept my donation in support of the Reach the Beach - Washington!

		Participant's Name:					_	
	Team Name (if applicable):						_	
Donation Amount:	□ \$500	□ \$250	□ \$100	□ \$50	□ \$25	□ Other \$		
Paid By: ☐ Check-0	CK#:		☐ Credit	Card (see I	below)	☐ Cash (not rec	ommended to	send though the mail
Donor Information:								
Name:								
Address:								
City:						State:	Zip:	
Phone:			_ Email: _					
Credit Card Informat	ion:							
	(Credit Card Num				(E	xp. Date-00/00)	(CVV#)	(Type-Visa, MC, AmEx, Disc)
	(Name as it appears on card)				(Authorizing Signature)			

If Paying By Check - Make check payable to the American Lung Association.

Thank you so much for your contribution!

Mail this form with your payment to: Reach The Beach - Washington c/o American Lung Association 5601 6th Ave S Ste 460 Seattle, WA 98108

Additional Information

Thank you for your donation to the American Lung Association (ALA). The ALA hereby states that this organization is tax-exempt under IRS code Section 501(c)(3), Tax number: 13-1632524), and that no gifts or benefits have been given as a result of this donation. Please retain a copy of this receipt for your records, as it is important documentation necessary for any federal income tax deduction for this contribution.