

MAIL-IN DONATION FORM



First and last name of the participant receiving the donation:

Amount being donated:

\$

Cash

Check

Name of donor:

Keep donor anonymous

Special recognition? (i.e. "In Memory Of. . .")

Please mail your cash or check donation along with this form to:

Attn: Nicole Hancock
American Lung Association
16037 SW Upper Boones Ferry Rd. #165
Tigard, OR 97224