

Commemoration Form

Contact Information

First Name _____ Last Name _____

Address _____

Address Cont. _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ E-mail _____

This address is: Home Work

Commemoration Information

- Please designate this gift to the North Carolina chapter.
 Please designate this gift to the Pennsylvania chapter.
(If no chapter is selected, your gift will be designated to the National Lung Cancer Partnership.)

Donation amount:

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

In honor of In memory of

Honoree Name _____

- Please send notification of this gift to the person listed below.
 Please do not notify the honoree or the family of my gift.

Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

How is this person related to the honoree? _____

Billing Information

- Check (payable to National Lung Cancer Partnership)
 Visa Mastercard Discover American Express

Card # _____ Billing Address _____

Exp. Date ____/____/____ Card ID # _____
if different than above

- Yes, I have remembered the National Lung Cancer Partnership in my estate plan.
 Yes, I would like someone to contact me regarding my estate plan.

All donations are tax-deductible.