

## Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Address Cont. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

This address is:  Home  Work

## Donation Information

Donation amount:

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

Please designate this gift to a Chapter of the National Lung Cancer Partnership.

Louisiana

North Carolina

Pennsylvania

(If no Chapter is selected, your gift will be designated to the National Lung Cancer Partnership.)

## Billing Information

Check (payable to National Lung Cancer Partnership)

Visa  Mastercard  Discover  American Express

Card # \_\_\_\_\_ Billing Address \_\_\_\_\_

if different than above

Exp. Date \_\_\_\_ / \_\_\_\_ Card ID # \_\_\_\_\_

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.**