

Donation Form

YOUR CONTACT INFORMATION

<i>Name</i>		<i>Date</i>
<i>Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone (home)</i>	<i>Phone (Work)</i>	

GIFT DESIGNATION INFORMATION

If you would like your gift designated to a specific campaign or program, please let us know:

President's Society _____ Other _____

Special Event Sponsorship _____
(List participant's name and event)

Memorial Contribution _____ Tribute Contribution _____

Memorial and Tribute Acknowledgement Information (we will send an acknowledgement of your gift)

<i>Gift in Honor of:</i>
<i>Name of Next of Kin (if Memorial)</i>
<i>Address</i>
<i>Address</i>
<i>City, State and Zip Code</i>
<i>Telephone Number if Available</i>

Please mail this form with your contribution to
The American Lung Association of Idaho
1111 S. Orchard, Suite 245
Boise, Idaho 83707

Thank you!