



## CAINE HALTER LUNGS FOR LIFE DONATION FORM

Date: \_\_\_\_\_ (Please PRINT all information clearly)

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

TYPE OF DONATION (Please choose one):

- General Donation**  
 **Gift in Honor of:** \_\_\_\_\_  
 **Gift in Memory of:** \_\_\_\_\_

Send Acknowledgement to...

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

How you would like card to be signed:

AMOUNT OF DONATION: \_\_\_\_\_

FORM OF DONATION:

**Check or Money Order** Payable to: **Uniting Against Lung Cancer – Caine Halter Fund**  
Send to: Lungs for Life, PO Box 8307, Greenville, SC 29604

**Credit Card:** (Please circle one below)

Visa	MasterCard	American Express
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Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

**Thank you for your support.**

*Uniting Against Lung Cancer is a tax exempt 501(c)(3) nonprofit corporation with the EIN 13 419 5464. All contributions are tax deductible as provided by law.*