



Date: _____

Enclosed is my check or money order in the amount of:

\$ _____, payable to Lung Cancer Circle of Hope.

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

E-mail: _____

Type of Donation: (Please select one)

General Donation

Gift in Memory of: _____

Send an acknowledgment card to:

Name: _____

Address: _____

City/State/Zip: _____

How would you like your card to be signed? _____

How did you hear about Lung Cancer Circle of Hope?

POB 7092
Rochelle Park, NJ 07662
www.lungcancercircleofhope.org