DONATION FORM

To send donations via mail, print off this form and forward it to:

The Breathing Association
1520 Old Henderson Rd.
Columbus, OH 43220

PLEASE ENTER YOUR BILLING INFORMATION BELOW.

NAME:
FIRST: ___________________ MIDDLE: ___________________ LAST: ___________________

COMPANY ____________________________________________

MAILING ADDRESS:
Please check home or business address: ☐ HOME ☐ BUSINESS
STREET ADDRESS: ______________________________________
CITY________________________ STATE ______ ZIP CODE / PROVINCE __________

TELEPHONE NUMBERS:
HOME PHONE WITH AREA CODE ___________________________
BUSINESS PHONE WITH AREA CODE _______________________

PAYMENT INFORMATION:
CREDIT CARD TYPE: ☐ VISA ☐ MasterCard
CARD NUMBER ___________________________ EXPIRATION DATE _____________
CARDHOLDER NAME AS APPEARS ON CARD ___________________________

BILLING ADDRESS IF DIFFERENT FROM ABOVE
STREET ADDRESS: _______________________________________
CITY________________________ STATE ______ ZIP CODE / PROVINCE __________

DONATION AMOUNT: __________________________

E-MAIL ADDRESS ___________________________

A confirmation of your donation will be sent to you by mail. Thank you for your support.

Donation Type: please check one box below
☐ GENERAL ☐ IN MEMORIAM ☐ IN HONOR

If you are making a donation in memoriam or in honor of, please fill out the following information:

IN MEMORIAM OR IN HONOR OF:
When you make a donation in memoriam or in honor of someone, The Breathing Association will send a personalized acknowledgement card on your behalf.

Please fill out the below information only if you are making a donation in memoriam or in honor of.

NAME OF MEMORIALIZED or HONORED INDIVIDUAL:
FIRST: ___________________ MIDDLE: ___________________ LAST: ___________________
TITLE ___________________________

PLEASE SEND AN ACKNOWLEDGEMENT CARD TO:
FIRST: ___________________ MIDDLE: ___________________ LAST: ___________________
TITLE ___________________________
STREET ADDRESS: _______________________________________
CITY________________________ STATE ______ ZIP CODE / PROVINCE __________

TELEPHONE NUMBER WITH AREA CODE _______________________

PERSONALIZE YOUR CARD:
☐ In Remembrance of, a memorial gift has been made to The Breathing Association by. ___________________________
☐ In Honor of, a donation has been made to The Breathing Association by. ___________________________

If you would like a second acknowledgement card sent to a separate address from the one listed above, please fill out the information below.
FIRST: ___________________ MIDDLE: ___________________ LAST: ___________________
TITLE ___________________________
STREET ADDRESS: _______________________________________
CITY________________________ STATE ______ ZIP CODE / PROVINCE __________

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