



\_\_\_\_\_  
Runner's Name

Complete and mail this form, along with your donation, to support my participation in the 2012 Lung Power Team.

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

Event Date: \_\_\_\_\_

**Donor Information:** \_\_\_\_\_

\_\_\_\_\_  
Donor Name

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

\_\_\_\_\_  
Daytime phone                      Evening phone

\_\_\_\_\_  
\_\_\_\_\_  
Address (circle one) — Company or Home

\_\_\_\_\_  
Email—required if you wish to receive an e-tax receipt

**Donation Information:** \_\_\_\_\_

**Donation Amount:**  
\$25    \$50    \$75    \$100  
\$250    \$\_\_\_\_\_ Other

To ensure your donation is credited appropriately, please be sure to fill out the pledge form in its entirety, including the name of the athlete (in top right corner) that you are sponsoring.

**Payment Type:**  
\_\_\_\_ Check (make checks payable to RHAMC)  
\_\_\_\_ Credit (MasterCard, VISA, Discover, Amex)  
Card Number:  
\_\_\_\_\_  
Expiration Date:  
\_\_\_\_\_  
Signature:  
\_\_\_\_\_

**Completed pledge forms may be sent directly to:**

Lung Power Team  
Respiratory Health Association of  
Metropolitan Chicago  
1440 W. Washington Blvd.  
Chicago, IL 60607

**Thank you for your donation!**

