



**RESPIRATORY
HEALTH
ASSOCIATIONSM**
of Metropolitan Chicago

Name: _____

Address: _____

City, State, Zip: _____

Phone/Email: _____

Respiratory Health Association

Event: **Lung Power Team 2012**

Attn. *Lung Power Team*

1440 W. Washington Blvd.

Chicago, IL 60607

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All donors with complete information will receive an official acknowledgement for tax purposes.

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*Checks can be made out to **Respiratory Health Association of Metropolitan Chicago (RHAMC)***