



Please mail your completed form to the Donations Processing Center, American Lung Association, PO Box 415, Sandusky OH 44871 or fax it to 216-524-7647. Questions may be sent to midland@midlandlung.org or you may call 800-231-5864.

The Midland States serves Kentucky, Michigan, Ohio, & Tennessee.
If your company will match your gift, please enclose the necessary forms.

Name _____ Daytime Phone _____

Address _____ E-Mail _____

City, State & Zip Code _____

Amount of donation _____

_____ I have enclosed my check payable to the American Lung Association

_____ Please charge my _____ American Express _____ Discover _____ MasterCard _____ Visa

Name As It Appears on Card _____

Card Number _____ 3-Digit CVC Code _____

Signature _____ Expiration _____

If this credit card gift is a reoccurring gift, how often & long would you like it to continue?

Monthly for _____ months or Quarterly for _____ quarters.

This gift is:

_____ A general donation to support the work of the American Lung Association

_____ Given in memory of _____

_____ Given in honor of _____

_____ Given on the occasion of _____

Please send a notification of this memorial or tribute gift to:

Name _____

Street Address _____

City, State & Zip Code _____

Thank You For Your Contribution. Your Support Is Greatly Appreciated.