



**RESPIRATORY HEALTH ASSOCIATION<sup>SM</sup>**  
*of Metropolitan Chicago*

1440 W. Washington Blvd.  
Chicago, Illinois 60607  
(312) 243-2000  
Fax: (312) 377-6896

**MEMORIAL TRIBUTE DONATION FORM**

***Please check one:***

- In Memoriam
- Congratulations (Please specify occasion) \_\_\_\_\_
- Get Well
- Other (Please specify) \_\_\_\_\_

**HONORARIUM INFORMATION (PLEASE PRINT)**

Name of Person Honored or in Memoriam: \_\_\_\_\_

Person to Receive Acknowledgement (i.e. next of kin): \_\_\_\_\_

Address for Acknowledgement: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*\*\*\* Please Note: If you would like acknowledgements sent to more than person, please attach additional name and address information.**

**DONOR INFORMATION: (PLEASE PRINT)**

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address Type (circle one): Home Business Full Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I'd like my donation recognized and my name listed as follows: \_\_\_\_\_

I prefer to be anonymous

**DONATION INFORMATION:**

**Enclosed is my full payment. Please indicate method of payment.**

**Enclosed is my tax-deductible gift in the amount of:**

\$25    \$50    \$100    \$250    Other \_\_\_\_\_

Check enclosed (payable to the RHAMC)

**(Please circle one)** Visa   MasterCard   Discover   AMEX

Cardholder's Name: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholders' Signature: \_\_\_\_\_

**Please note: Contributions will support the Respiratory Health Association's research, advocacy, and education efforts, unless otherwise specified by the donor.**

**Increase your giving power by letting the company you work for match your contributions to RHA**

I have enclosed a matching gift form    My Employer's Name \_\_\_\_\_

Please send form and full payment to:

Memorial/Tribute Dept.  
RHAMC  
1440 W. Washington Blvd.  
Chicago, Illinois 60607

Phone: (312) 243-2000  
Fax: (312) 377-6896

**Yes! Please send me additional information about:**

Including the Respiratory Health Association in my estate plans  
How to promote lung health through advocacy efforts  
Volunteer opportunities