



RESPIRATORY HEALTH ASSOCIATIONSM
of Metropolitan Chicago

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

GENERAL DONATION FORM

PERSONAL 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 \$500 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:

Development 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
- Tribute/Memorial Donations
- Volunteer opportunities
- How to promote lung health through advocacy efforts