

DONATION FORM

To send donations via mail, print off this form and forward it to:

The Breathing Association
788 Mt. Vernon Ave.
Columbus, Ohio 43203



PLEASE ENTER YOUR BILLING INFORMATION BELOW.

NAME:

FIRST: _____ MIDDLE : _____ LAST: _____

COMPANY _____

MAILING ADDRESS:

Please check home or business address: HOME BUSINESS

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP CODE / PROVINCE _____ COUNTRY _____

TELEPHONE NUMBERS:

HOME PHONE WITH AREA CODE _____

BUSINESS PHONE WITH AREA CODE _____ Ext. _____

PAYMENT INFORMATION:

PAYMENT TYPE: CHECK/MONEY ORDER (please attach to form) VISA MasterCard

CARD NUMBER _____ EXPIRATION DATE _____

CARDHOLDER NAME AS APPEARS ON CARD _____

CREDIT CARD 3 DIGIT CODE _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP CODE / PROVINCE _____

DONATION AMOUNT:

E-MAIL ADDRESS _____

A confirmation of your donation will be sent to you by mail. Thank you for your support.

Donation Type: please check one box below

GENERAL IN MEMORIAM IN HONOR

If you are making a donation in memoriam or in honor of, please fill out the following information:

IN MEMORIAM OR IN HONOR OF:

When you make a donation in memoriam or in honor of someone, The Breathing Association will send a personalized acknowledgement card on your behalf.

Please fill out the below information only if you are making a donation in memoriam or in honor of.

NAME OF MEMORIALIZED or HONORED INDIVIDUAL:

FIRST: _____ MIDDLE : _____ LAST: _____

TITLE _____

PLEASE SEND AN ACKNOWLEDGEMENT CARD TO:

FIRST: _____ MIDDLE : _____ LAST: _____

TITLE _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP CODE / PROVINCE _____ COUNTRY _____

TELEPHONE NUMBER WITH AREA CODE _____ Ext. _____

PERSONALIZE YOUR CARD:

In Remembrance of, a memorial gift has been made to The Breathing Association by. _____

In Honor of, a donation has been made to The Breathing Association by. _____

If you would like a second acknowledgement card sent to a separate address from the one listed above, please fill out the information below.

FIRST: _____ MIDDLE : _____ LAST: _____

TITLE _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP CODE / PROVINCE _____ COUNTRY _____

TELEPHONE NUMBER WITH AREA CODE _____ Ext. _____