

Donation By Mail Form



Please send this form along with your donation to:

The Breathing Association
Finance Department
741 E Broad Street
Columbus, Ohio 43205

Please enter the following information:

Name

First: _____

Last: _____

Company (if applicable): _____

Is this gift from you, or the above organization?

Self Organization (please check one)

Mailing Address

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

Donation Amount: _____

Is this gift in honor or in memory of someone?

Tell us more:

If in honor of someone, who may we send an acknowledgement note to?

Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Thank you so much for your contribution. It is because of support like yours that Central Ohioans can breathe easier!

You will receive a receipt for your tax records soon.