



Attn. *Hike for Lung Health*
1440 W. Washington Blvd.
Chicago, IL 60607

www.lungchicago.org

Name: _____

Address: _____

City, State, Zip: _____

Phone/Email: _____

Event: **Hike for Lung Health 2009**

Team Name: _____

**Please PRINT all information clearly. Incomplete or illegible forms will delay processing of pledges.
All donors with complete information will receive an official acknowledgement for tax purposes.**

Sponsor's Name	Address	City/Zip	Phone	Email (donor will receive an email receipt -- no other solicitation)	Check # & Date or Cash	Pledge Total
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John Doe	1234 W. Ave.	Chicago, 60607	(312) 555-2222	Johndoe@yahoo.com	CASH	\$10.00

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