

### Donation Form

#### DONOR'S INFORMATION:

First and Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Amount of donation: \$ \_\_\_\_\_

#### MEMORIAL and TRIBUTE/HONORARIUM Donations:

If applicable, this gift is  in MEMORY of \_\_\_\_\_  
 in HONOR of \_\_\_\_\_  
*(Please include name)*

If making a MEMORIAL or TRIBUTE/HONORARIUM donation, please complete this section if you would like the honoree or his/her family notified of your gift:

First and Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

May we contact you?  Yes  No

May we share your name with other nonprofit organizations?  Yes  No

#### Comments and/or special instructions:

Please mail this form with your check (do not include cash) to:

American Lung Association in Hawaii  
680 Iwilei Road, Suite 575  
Honolulu, Hawaii 96817