



Walker Name

Complete and mail this form, along with your donation, to support my participation in Hike for Lung Health

Donor Information:

Donor Name

Company Name

Daytime phone / Evening phone

Address (circle one) — Company or Home

Email

Donation Information:

Donation Amount: \$25 \$50 \$75 \$100 \$250 \$_____ Other

To ensure your donation is credited appropriately, please be sure to fill out the pledge form in its entirety, including the name of the walker (in top right corner) that you are sponsoring.

Completed pledge forms may also be sent directly to:

Respiratory Health Association of Metropolitan Chicago
Attention: Hike for Lung Health
1440 W. Washington Blvd.
Chicago, IL 60607

Payment Type: Check (make checks payable to RHAMC) Credit (Visa, Discover, MasterCard, and AMEX) Card Number: Expiration Date: Signature:

Thank you for your donation!

