

SAVE YOUR BREATH – Pledge Form

- Please print clearly and include full donor mailing address.
- Keep a record of your pledge form.
- Add the pledges to your online fundraising page if you set one up
- Make checks payable to **Free ME from Lung Cancer**

Send completed form(s) with pledge contributions to:

Free ME from Lung Cancer – Attention Deb Violette, 176 Leavitt Road, Augusta, Maine 04330

Fundraiser Full Name: _____ Team Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Full Name: _____ Pledge Amount: _____

Address: _____ City: _____ State: _____ Zip: _____

Check: _____ Cash: _____ Visa: _____ MC: _____ AMEX: _____ Disc: _____

Card #: _____ Exp: _____ Card # ID: _____ Signature for Card: _____

Full Name: _____ Pledge Amount: _____

Address: _____ City: _____ State: _____ Zip: _____

Check: _____ Cash: _____ Visa: _____ MC: _____ AMEX: _____ Disc: _____

Card #: _____ Exp: _____ Card # ID: _____ Signature for Card: _____

Full Name: _____ Pledge Amount: _____

Address: _____ City: _____ State: _____ Zip: _____

Check: _____ Cash: _____ Visa: _____ MC: _____ AMEX: _____ Disc: _____

Card #: _____ Exp: _____ Card # ID: _____ Signature for Card: _____

Full Name: _____ Pledge Amount: _____

Address: _____ City: _____ State: _____ Zip: _____

Check: _____ Cash: _____ Visa: _____ MC: _____ AMEX: _____ Disc: _____

Card #: _____ Exp: _____ Card # ID: _____ Signature for Card: _____

Full Name: _____ Pledge Amount: _____

Address: _____ City: _____ State: _____ Zip: _____

Check: _____ Cash: _____ Visa: _____ MC: _____ AMEX: _____ Disc: _____

Card #: _____ Exp: _____ Card # ID: _____ Signature for Card: _____