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:** _____