



Pledge Form

Name: _____ Email: _____
 Address: _____ City: _____
 Prov: _____ Postal Code: _____ Tel#: _____

My company will match my gift: I wish to donate my incentive back:

Age Optional 13-19 20-30 31-49 50+ Do you know anyone with Asthma: _____

Privacy Statement For Pledge Form

The Lung Association respects your privacy. The information collected here will be used to process your gift and issue a tax receipt. We may provide you with additional information about the activities of The Lung Association and its two professional healthcare societies, and request support from you to further our mission to improve lung health. Our full Privacy Policy may be found at www.on.lung.ca or by writing to our Privacy Officer at 573 King St. E, Toronto, ON M5A 4L3. If you do not wish for your name to be used for one or all of these activities please check this box:

Pledge\$

Name: _____ Email: _____ Tel: _____
 Address: _____ City/Prov: _____ Postal: _____
 Credit Card #: _____ Expiry: _____ Name on Card: _____

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I would like to pay the balance of my donors' pledges in full using my credit card:

Card # _____ Expiry _____

Name on Card _____ Signature _____ Amount _____

Total Pledges _____

Outstanding _____

Submitted _____

Donations of \$20 or more will be receipted unless otherwise requested.
 Name & Address must be legible. Charitable Registration # 12404 6368 RR0002