

Pulmonary Fibrosis

FOUNDATION

811 WEST EVERGREEN AVENUE SUITE 204 CHICAGO, ILLINOIS 60642-2642

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\$5,000 \$1,000 \$500 \$250 \$100 \$50 Other: \$ _____

Please make checks payable to the Pulmonary Fibrosis Foundation.

Contact Information:

Name: _____
Address: _____ City: _____ State: _____
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Please send me additional information about the Pulmonary Fibrosis Foundation.

Primary Interest in Pulmonary Fibrosis:

Patient Caregiver Relative Lung Transplant Recipient Physician RN Researcher
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(Information in this section may be shared via online personal fundraising pages):

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Name of Deceased/Honoree or Event: _____

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How Did You Hear About the Foundation?

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 Brochure/Patient Handbook Scholarly Publication Print Ad Web Search Facebook/Twitter

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Thank you for supporting the Pulmonary Fibrosis Foundation!

All gifts are tax deductible to the fullest extent allowable by the IRS.

We keep your personal information private and secure. We use the information provided above to process your payment and to ensure your payment is correctly credited to your account.