



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

One-time Donation Recurring Monthly Pledge

Please make checks payable to the "Pulmonary Fibrosis Foundation" or "The PFF"

1. Contact Information

Name/Company: _____

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

Primary Phone: _____ Email: _____

Please send me additional information about the Pulmonary Fibrosis Foundation.

2. Employer Matching Gifts

Yes! My employer offers matching gifts No, my employer does not offer matching gifts (skip to #3)

Name/Company: _____

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

Primary Phone: _____ Email: _____

3. Primary Interest In Pulmonary Fibrosis

Patient Caregiver Lung Transplant Recipient Physician RN
 Researcher Allied Health Professional Prefer not to say Other _____

4. Additional Gift Information (optional)

Tribute Information General In Memory In Honor Event

Tribute First and Last Name: _____

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

5. Please Send Notification of my Gift to:

Name/Relationship to Tributee:

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

Primary Phone: _____ Email: _____

6. Payment Information

Check Credit Card Other _____

Credit Card Information (if applicable): _____

Card Type: _____ Credit Card Number: _____ CCV: _____

Date of Expiration: _____ Name as it appears on card: _____

7. Billing Information (if different from information on #1)

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

Thank you for supporting the pulmonary fibrosis community!

The PFF is a 501(c)(3) nonprofit public benefit corporation and your contribution is tax deductible to the extent allowed by law. Please return to: 223 W. Jackson Blvd., Suite 350, Chicago, IL 60606