



- ☐ \$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