Commemorations

To make a donation to Women Against Lung Cancer in honor or in memory of someone, please fill in the information below.

Person making commemoration:

Name: ____________________________________________________________
       First                                           Last

Preferred Address: ___________________________________________________

                                  City                      State                      Zip                      Country
Phone: ______________________________  Fax: ____________________

E-mail: ______________________________

This address is:  ☐ Home    ☐ Work

This donation is:  ☐ In honor of:  ☐ In memory of:

Name: ____________________________________________________________
       First                                           Last

If you would like an acknowledgement of your gift sent to another party, please list.

Name: ____________________________________________________________
       First                                           Last

Address: ___________________________________________________________

                                  City                      State                      Zip                      Country

Donation amount:
☐ $25    ☐ $50    ☐ $100    ☐ $500    ☐ $1000

☐ Other amount ____________________________

Payment:
☐ Visa     ☐ Mastercard

Number: ________________________________  Expiration date: ____________________

Card identification number (located on back of card, last three digits on the signature strip) ____________________

Billing address: _______________________________________________________

☐ Check (Please make check payable to: Women Against Lung Cancer or WALC)

All donations are tax-deductible.