



|                  |
|------------------|
| _____            |
| Event            |
| _____            |
| Participant Name |

Complete and mail this form, along with your donation, to support my participation in Respiratory Health Association's event. Thank you for your donation!

**Donor Information:** \_\_\_\_\_

|            |
|------------|
| _____      |
| Donor Name |

|                              |
|------------------------------|
| _____                        |
| Company Name (if applicable) |

|               |               |
|---------------|---------------|
| _____ / _____ |               |
| Daytime phone | Evening phone |

|  |
|--|
| _____                                  |
| _____                                  |
| Address (circle one) — Company or Home |

|  |
|--|
| _____  |
| Email—required if you wish to receive an e-tax receipt |

**Donation Information:** \_\_\_\_\_

|                         |         |       |       |  |
|-------------------------|---------|-------|-------|--|
| <b>Donation Amount:</b> |         |       |       |  |
| \$25                    | \$50    | \$75  | \$100 |  |
| \$250                   | \$_____ | Other |       |  |

To ensure your donation is credited appropriately, please be sure to fill out the pledge form in its entirety, including the name of the event participant (in top left corner) that you are sponsoring.

**Completed pledge forms may be sent directly to:**

Respiratory Health Association  
 attn: Special Events  
 1440 W. Washington Blvd.  
 Chicago, IL 60607

Payment Type:

\_\_\_ Check (make checks payable to RHA)

\_\_\_ Credit (Amex, Discover, MasterCard, VISA)

Card Number

\_\_\_\_\_

Expiration Date

\_\_\_\_\_

Security Code

\_\_\_\_\_

Signature

\_\_\_\_\_

