HUSTLE CHICAGO

LUNG POWER TEAM

THE CLEAN AIR CLASSIC CHARITY BIKE RIDE

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

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

Is address: ☐ Company ☐ Home

## Donation Information:

**Donation Amount:**

☐ $25 ☐ $50 ☐ $75 ☐ $100

☐ $250 $_____ Other

Payment Type:

☐ Check (make checks payable to RHA)

☐ Credit (Amex, Discover, MasterCard, VISA)

Card Number

Expiration Date

Security Code

Signature

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

RESPIRATORY HEALTH ASSOCIATION®