



Contribution to the COPD Foundation

We appreciate your request to donate to the COPD Foundation. Please fill out the form below and send it to the **COPD Foundation: 2937 SW 27th Ave, Suite 302, Miami, FL 33133**; or fax to: **305-567-1317**. Check donations can also be mailed to the COPD Foundation, but please make sure to include the following form along with your check. If you have any questions, or would like to donate over the phone, please call 1-866-731-2673. Thank you.

Date: ____ / ____ / _____

Donor's Name: _____

Address: _____

City

State

Zip

Home Phone: () ____ - ____ Other Phone: () ____ - ____

Email: _____

Please Check One:

Donation to the Richard H. Scarborough Bronchiectasis Research Fund (RHS)

General Donation to the COPD Foundation

Gift in Memory of: _____
Name of the deceased

Send acknowledgement letter to (family, relative, or other):

Name: _____

Address: _____

City

State

Zip

How would you like the card to be signed? _____
Name or Names

Gift in Honor of: _____
Name of the individual

Send acknowledgement letter to (family, relative, or other):

Name: _____

Address: _____

City

State

Zip

How would you like the card to be signed? _____
Name or Names

Method of Payment:

Check/Money Order Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: ____/____
MM / YYYY

Name on the card: _____ Amount to be charged: \$ _____