



We appreciate your donation to the COPD Foundation. Please fill out this form and send it to:

The COPD Foundation | 3300 Ponce de Leon Blvd. | Coral Gables, FL 33134

You can also fax this form to 866-929-3487, or donate online at copdfoundation.org/donate. If you have any questions, or would like to donate by phone, please call 866-731-COPD (2673).

Date: _____ / _____ / _____
Donor's name: _____
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Please check one:

- General donation to the COPD Foundation
- Donation to the Richard H. Scarborough Bronchiectasis Research Fund (RHS)
- Gift in honor of _____
- Gift in memory of _____

If you would like for the person that your gift is being given in honor of, or the family of the person that your gift is being given in memory of, to receive a letter informing them of your donation, please provide their contact information below.

Send acknowledgement letter to:

Name: _____
Address: _____

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For credit card donations:

Type of card: Visa MasterCard American Express Discover
Name on the card: _____
Credit card number: _____
Amount to be charged: _____ Expiration date: _____ / _____
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This is a three or four digit code, not part of your credit card number, which appears either on the back or the front (for AMEX cards) of your card.

The COPD Foundation's mission is to prevent and cure Chronic Obstructive Pulmonary Disease and to improve the lives of all people affected by COPD.