

# A BREATH *of* HOPE

L U N G F O U N D A T I O N

## THIRD PARTY CONTRIBUTION SUBMISSION FORM

Thank you for raising funds to benefit A Breath of Hope Lung Foundation. Through your contributions and efforts, you have helped A Breath of Hope educate the public about lung cancer, support life-saving research, and support patients who face cancer without the support they need.

Please complete this form and submit along with your contributions after your fundraising is complete:

A Breath of Hope Lung Foundation, Attn: Third Party Fundraising  
PO Box 387, Wayzata, MN 55391  
Phone: (952) 456-2463 or (952) 405-9201  
Email: [info@abreathofhope.org](mailto:info@abreathofhope.org)

### Community/Volunteer Information:

Group/Business/Organization Name: \_\_\_\_\_

Volunteer Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Fundraising Information:

Please describe what you/your group did to fundraise to benefit A Breath of Hope Lung Foundation:

\_\_\_\_\_  
\_\_\_\_\_

Please share comments about your experience fundraising to benefit A Breath of Hope Lung Foundation:

\_\_\_\_\_  
\_\_\_\_\_

### Funds Attached

Cash/Money Order Contributions: \_\_\_\_\_

Check Contributions: + \_\_\_\_\_

**Total Amount Fundraised:** = \_\_\_\_\_

Your Expenses: - \_\_\_\_\_

**Total Amount Enclosed to Benefit A Breath of Hope Lung Foundation =** \_\_\_\_\_