



Shine a Light Your Way

Thank you for supporting my Shine a Light Your Way event! Please complete this form and mail it to the address at the bottom. For any questions, please contact Elizabeth at 202.742.1893 or email events@lungcanceralliance.org.

Participant Name: _____

Event Name: _____

Your Contribution amount:

\$500 \$250 \$100 \$50 Other _____

Your Billing Information:

First and Last Name: _____

Address: _____

Address Line 2: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Email: _____

Thank you very much for your contribution. Please include this form with your check. Checks can be made payable to "Lung Cancer Alliance."

Mailing Address:

Lung Cancer Alliance
Attn: Shine a Light Your Way
1700 K Street NW, Ste 660
Washington, DC 20006