



## Second Wind Memorial Gift

Name of the person or persons you wish to honor: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

Your Name: \_\_\_\_\_

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

Your City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Telephone No. \_\_\_\_\_

Your email Address: \_\_\_\_\_

Do you want us to send an acknowledgement card to family?

Yes

No

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

Acknowledgement : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mail this form with your check payable to **Second Wind** to:

Second Wind Lung Transplant Association, Inc.

52 Mountainside Road

Mendham, NJ 07945