



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.
PO Box 1915
Largo, FL 33779