



Send your form, with a check made out to "Foundation for Lung Cancer: Early Detection, Prevention & Treatment," to:

c/o Dr. Claudia Henschke  
Lung Cancer CT Screening Program  
525 East 68<sup>th</sup> St.  
J-033  
Box 586  
New York, NY 10021

Print and fill out the information below to make your donation by mail. Fields marked with \* are required.

## Donation Information

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\*Amount:

Is this donation being made in another's name?

Yes      No

Occasion:

## Donor Information

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Please enter your name and contact information below.

Title:

\*First Name:

M.I.:

\*Last Name:

Organization:

Position:

\*Address 1:

Address 2:

\*City:

\*State:

\*Zipcode:

Telephone:

\*Email:

Would you like to join our email list and receive updates on I-ELCAP research and news?    Yes      No

## Gift Recipient Information

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If this donation is being on another's behalf, enter that person's information here so that we can send them a congratulatory message notifying them of your gift. Otherwise, leave this section blank.

Title:

\*First Name:

M.I.:

\*Last Name:

Organization:

Position:

\*Address 1:

Address 2:

\*City:

\*State:

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Telephone:

Email:

Questions? Email our coordinator, Stephanie Concannon, at [coordinator@ielcap.org](mailto:coordinator@ielcap.org)  
<http://www.ielcap.org>