



## DONATION DEPOSIT SLIP

Please include a deposit slip with your donations and send to:  
Lung Cancer Research Foundation  
PO Box 780990, Philadelphia, PA 19178-0990

Event name \_\_\_\_\_  
Participant's name \_\_\_\_\_  
Participant's address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Team (if applicable) \_\_\_\_\_

Donor Name	Amount
	\$
	\$
	\$

Donor Name	Amount
	\$
	\$
	\$

Please fill this out based on the deposit you are turning in today.  
Total amount of checks \$ \_\_\_\_\_  
Total amount of cash \$ \_\_\_\_\_  
(Please do not mail cash. Instead, write a check to cover the cash amount and indicate CASH in the memo line.)

Total amount enclosed

\$

### For office use only:

Checks \$ \_\_\_\_\_  
Cash \$ \_\_\_\_\_  
Amount enclosed \$ \_\_\_\_\_  
Received by \_\_\_\_\_



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