



BreatheDC
Breathe Healthy. Every Breath Counts.

Mail your donation to:

**Breathe DC
1310 Southern Ave SE
Suite G-082
Washington, DC 20032**

DONATION FORM

Please print this form and complete the information below to ensure proper preparation of your tax receipt. Please print clearly. To donate to a specific cause, please write the name of the cause on the memo line of your check and choose it in the Cause box below.

If you would like to donate by phone via credit card, please call Pat at 202-574-6261.

Today's Date: _____

Donation Amount: \$_____ (check payable to Breathe DC)

Donor Name _____

Organization Name (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

Email _____

Phone _____ ☐ Home ☐ Work ☐ Mobile

CAUSE YOU SUPPORT

Please check your desired cause. This will allow us to apply your donation where you intend. If no selection is made, we will apply your donation where it is needed most.

- ☐ **Where It Is Needed Most:** Support all of Breathe DC's operations, programs and services.
- ☐ **Asthma Programs:** Help children and adults fighting asthma.
- ☐ **Smoking Cessation:** Provide classes and support to help smokers quit.
- ☐ **Our Air, Your Future: Creating Clean Air Advocates:** Invest in innovative STEM education in local schools

Your questions and feedback are very important to us. Please feel free to contact us at info@breathedc.org or call 202-574-6789. Thank you for your support.