



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.

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