



# THE LUNG CONNECTION, INC.

BP's House: A Place to Catch Your Breath

## AUTHORIZATION FOR AUTOMATIC TAX-DEDUCTIBLE DONATION

**The Lung Connection, Inc. is a 501 (c) 3 non-profit corporation  
Your donation is tax-deductible**

**Please fill out the form, print it, sign and date it, and mail to:**

**The Lung Connection, Inc.  
23405 E. 5th Pl. #103  
Aurora, CO 80018**

**Name**

**Billing Address**

**City**

**State**

**Zip Code**

**Phone**

**E-mail**

**Amount to be withdrawn on**

**(day of each month)**

**Name of Bank**

**Name as it appears on account**

**Bank Routing Number**

**Account Number**

**Account Type:**

**Checking**

**Savings**

**Other**

I hereby authorize The Lung Connection, Inc. to initiate debit entries to my checking or savings account as indicated above. This authorization is to remain in full force and effect until The Lung Connection, Inc. receives advance notice of cancellation in writing at least 15 days prior to the next scheduled date of debit. If my account is erroneously debited by The Lung Connection, Inc., I have the right to have my financial institution credit that amount back to my account within (15) calendar days following the date the institution provided me with a statement pertaining to that debit entry. Should an error occur, I shall notify my financial institution in writing that the error has occurred and request that institution credit my account in the amount in question.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**YES! Please list my name on the TLC web site as a donor**