



Second Wind St. Louis Donation Form

DONATION

Amount \$.....

PERSON YOU WISH TO HONOR:

.....
First Name Last Name

I would like my donation to go to the following:

- Unrestricted Donation. Any Second Wind need.
- Memorial Donation. In memory of
- Tribute Donation. In honor of
- Assistance Fund (Lung Walk). This fund provides limited financial assistance for lung transplant patients to help with emergency needs, lodging or many of the other associated costs in the transplant process.

Would you like us to send an acknowledgement card to the family?

Yes No

ACKNOWLEDGEMENT TO:

.....
First Name Last Name

.....
Phone Cell E-mail

.....
Address

.....
Address Line 2

.....
City State Zip Code

CREDIT CARD INFO

.....
First Name Last Name

.....
Credit Card Number Expiration Date 3-Digit Code

Please check one: VISA Mastercard

Please mail this form with payment information or check made payable to:

SECOND WIND LUNG TRANSPLANT ASSOCIATION OF ST. LOUIS

1720 Market St
PO Box 771242
Saint Louis, MO 63177

Have questions?
Please call **KEN SCHANZ**
at (618) 974-3971
or via email:
kenschanz@secondwindstl.org

All information obtained by Second Wind is private and confidential and will not be given to any other party.

If you have donation questions, or any other questions pertaining to Second Wind, please contact

KEN SCHANZ
by calling (618) 974-3971
or via email:
kenschanz@secondwindstl.org
Or check out our site at
www.secondwindstl.org.