



# Bronchiectasis & NTM ASSOCIATION

We are deeply grateful for your generous support. Please fill out this form and send it to:

**Bronchiectasis and NTM Association | PO Box 160112 | Miami, FL 33116 - 0112**

You can also donate online at [bronchiectasisandntminitiative.org/Donation](http://bronchiectasisandntminitiative.org/Donation)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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Please make my donation anonymous

I wish to support (please choose one):

General donation to the Bronchiectasis & NTM Association

Care Delivery

Research

Education

Gift in honor of: \_\_\_\_\_

Gift in memory of: \_\_\_\_\_

Please inform the honoree or the family of the deceased of my donation:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail (optional): \_\_\_\_\_

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### For credit card donations:

Name on the card: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Card security code: \_\_\_\_\_ Expiration date: \_\_\_\_\_ / \_\_\_\_\_

Amount: \$25 \_\_\_\_ \$50 \_\_\_\_ \$100 \_\_\_\_ \$250 \_\_\_\_ \$500 \_\_\_\_ \$1,000 \_\_\_\_ Other amount: \_\_\_\_\_

Make this a monthly gift

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