

DONATION FORM



I would like to make a single donation of:

€10 _____

€25 _____

€50 _____

€100 _____

Other amount _____

Please make cheque / bank draft / postal order payable to:

The Irish Lung Fibrosis Association.

Name: _____

Address: _____

Telephone No. _____

Email: _____

Would you like your details added to our mailing list? Yes / No

THANK YOU FOR YOUR SUPPORT.

Please return to:

ILFA Treasurer, 22 MONTROSE CRESCENT, ARTANE,
DUBLIN 5.