



## DONATION FORM

- Yes!** I want to support The Wescoe Walk for Pulmonary Fibrosis research.

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

**Enclosed is my contribution for:**

- \$500    \$250    \$100    \$50    \$25    Other: \_\_\_\_\_

**Please use my gift:**

- Wescoe Community Fund, Inc.** The Wescoe Community Fund (WCF) is a 501c3 non-profit organization founded in memory of Ron Wescoe. Our purpose is to benefit health research relating to Idiopathic Pulmonary Fibrosis (IPF) by education, raising awareness and providing financial and emotional support to those coping from the disease as well as their families and by supporting/advocating for health and wellness programs for youth in our community.

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

Company: \_\_\_\_\_

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

\_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**This gift is:**

- In memory of (name): \_\_\_\_\_

- In honor of (occasion): \_\_\_\_\_

\* **In Memoriam** – A memorial gift is a personal remembrance that honors the life of a friend, relative or colleague.

\* **In Honor Of** – This provides a meaningful tribute for a living friend, relative or colleague by honoring a special occasion such as a birthday, anniversary or holiday.

**Please notify the following person:**

(amount of gift will not be included)

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

Company: \_\_\_\_\_

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

\_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**BRING THIS FORM AND YOUR FINANCIAL CONTRIBUTION TO THE WESCOE WALK TO BE FORWARDED, or MAIL TO:**

**The Wescoe Community Fund, Inc.**

P.O. Box 124-0124

Coopersburg, PA 18036

[info@wescoecommunityfund.org](mailto:info@wescoecommunityfund.org)

\*\* Cash gifts are deductible from federal income tax up to 50% of your gross income, with a 5 year carry over. You will receive a receipt for your tax records.

**Thank you for your generous support!**