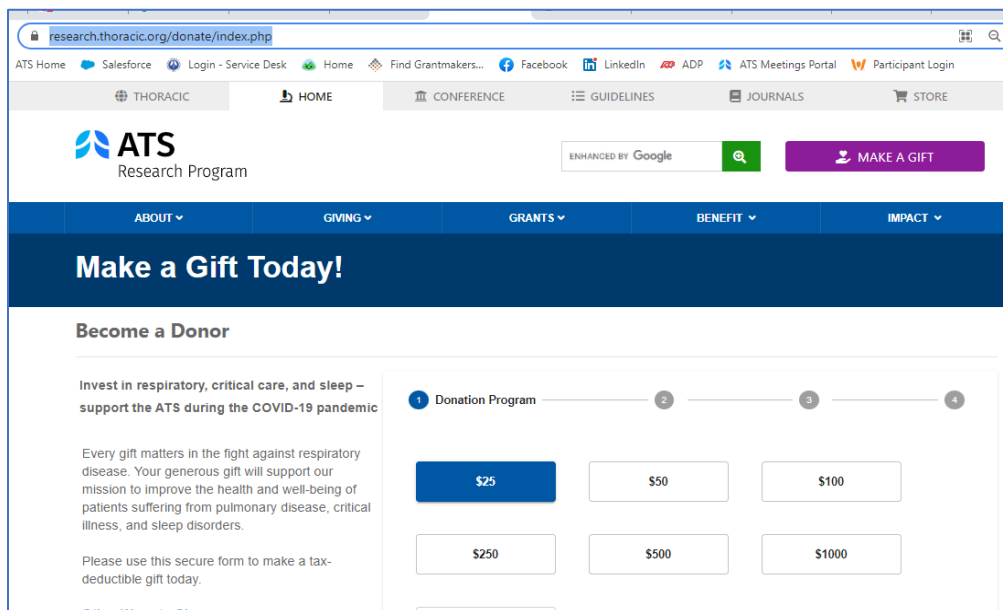


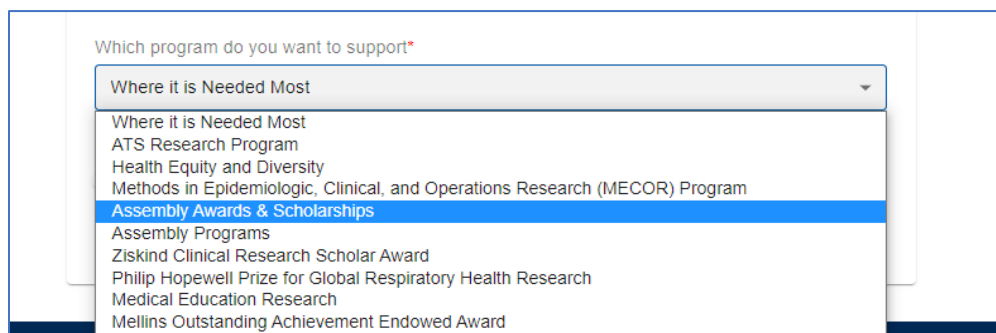
To Make a Gift in Memory of Dr. Claudio Donner

1. Please go to the ATS Giving Page at: <https://research.thoracic.org/donate/index.php>

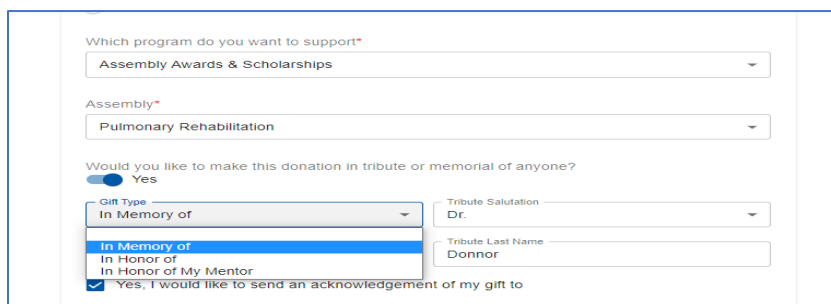
2. Please select the amount of your gift.



3. Please select Assembly Awards and Sponsorships.



4. Please select "Pulmonary Rehabilitation" from the Assembly List and click the button to indicate a tribute or memorial gift.



5. Select "In Memory of" from the dropdown list and enter "Dr" "Claudio" "Donner".



25 Broadway, 4th Floor, New York, NY 10004
Phone: 212-315-8600 Fax: 212-315-6498
thoracic.org

6. Check the box for “Yes, I would like to send an acknowledgement of my gift to:”

Would you like to make this donation in tribute or memorial of anyone?
 Yes

Gift Type: In Memory of
Tribute Salutation: Dr.
Tribute First Name: Claudio
Tribute Last Name: Donnor
 Yes, I would like to send an acknowledgement of my gift to

7. Please enter: “The Family of Dr. Claudio Donner”. Change the country to ITALY.

Address Line 1: Gramsci 21
City: Borgomanero
State/Province: NO
Zip/Postal Code: 28021
Enter your personal message:

Click NEXT

Yes, I would like to send an acknowledgement of my gift to

Recipient Name: The Family of Dr. Claudio Donner
Country/Region: Italy
Address Line 1: Gramsci 21
Address Line 2:
City: Borgomanero
State/Province: NO
ZIP/Postal Code: 28021
Personal Message: With my sincere condolences for your loss.
NEXT >

8. Complete the Donor Information and click NEXT

THORACIC HOME CONFERENCE GUIDELINES JOURNALS STORE

ATS Research Program

ENHANCED BY Google

MAKE A GIFT

ABOUT GIVING GRANTS BENEFIT IMPACT

Make a Gift Today!

Become a Donor

Invest in respiratory, critical care, and sleep – support the ATS during the COVID-19 pandemic

Every gift matters in the fight against respiratory disease. Your generous gift will support our mission to improve the health and well-being of patients suffering from pulmonary disease, critical illness, and sleep disorders.

Please use this secure form to make a tax-deductible gift today.

[Other Ways to Give](#)

1 **2 Donor information** 3 4

This donation is 100% tax deductible. Your receipt is being mailed to the address you provide below.

Salutation:
First Name:
Last Name:
Institution:
Country/Region: United States
Address Line 1:
Address Line 2:
City:
State:
ZIP/Postal Code:
Phone:
Email:
BACK NEXT



25 Broadway, 4th Floor, New York, NY 10004
Phone: 212-315-8600 Fax: 212-315-6498
thoracic.org

9. Indicate whether you're **an ATS member** and the other information requested.

THORACIC HOME CONFERENCE GUIDELINES JOURNALS STO

Invest in respiratory, critical care, and sleep – support the ATS during the COVID-19 pandemic

Every gift matters in the fight against respiratory disease. Your generous gift will support our mission to improve the health and well-being of patients suffering from pulmonary disease, critical illness, and sleep disorders.

Please use this secure form to make a tax-deductible gift today.

Other Ways to Give

3 Donor Options

Are you a member of the ATS?
 No

Are you interested in planned giving?
 No

If your employer will match your contribution, please enter your employer's information:

Employer Name

Employer Phone

Employer Email

10. Please enter your credit card information and hit SUBMIT. Thank you!

Your card will be charged **\$25.00**

Pay with card

VISA Mastercard AMEX JCB DISCOVER

Card Number

Expiration Date (MM/YY) CVV (3 digits) Postal Code

MM/YY ***

Debit/Credit Card Billing Address

First Name * Michelle Last Name * Turenne

Country/Region * United States

Address Line 1 * 25 Broadway - 4th Floor

Address Line 2

City * New York