

Hemophilia of Georgia Donation Form

Please select a contribution level:

\$500 \$250 \$100 \$50 Other amount: \$ _____

Payment options

Check is enclosed
 Please charge to VISA MasterCard AMEX Discover

Name as it appears on card: _____

Card number: _____ Exp. Date: _____

Security Code: _____ Signature: _____ Billing Zip Code: _____

Donor information

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____

What would you like your donation to support?

General (funds will be used where they are needed most) Research
 Scholarships Camp Wannaklot

Is this an anonymous donation? Yes No

Are you making this gift in memory or honor of someone?

Name: _____

On the occasion of: Anniversary Birthday Graduation Other: _____

Who should we notify about your gift?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please mail this form to:

Hemophilia of Georgia
8800 Roswell Road, Suite 170
Atlanta, Georgia, 30350

or fax the form to:

Hemophilia of Georgia
770 518-3310

Thank you for your donation!