



## 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/CVV: \_\_\_\_\_

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 return this form to  
Hemophilia of Georgia, 8800 Roswell Road, Suite 170, Atlanta, Georgia, 30350  
or fax to Hemophilia of Georgia at 770 518-3310.**

**Thank you for your donation.**