



## Trot to Clot Walk Individual/Team Donation Form

Please fill out all the blank spaces and make sure that the participant or team you are supporting is listed correctly so that the money is applied to their fundraising goal. Please return this form with your check or money order or make your donation online at <http://trot2clot.dojiggy.com>. See [www.hog.org/walk](http://www.hog.org/walk) for more information about this event.

My pledge is supporting \_\_\_\_\_  
(Individual name)

My pledge is supporting \_\_\_\_\_  
(Team name)

### DONOR INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### PAYMENT INFORMATION: Make checks/money orders payable to Hemophilia of Georgia

Enclosed is my check in the sum of \$ \_\_\_\_\_ Check Number \_\_\_\_\_

Please charge my \$ \_\_\_\_\_ donation to:

Check one:  Amex  Discover  MasterCard  Visa

Name on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City, ST Zip \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ CVV Code \_\_\_\_\_

Please mail this form and payment to:

Hemophilia of Georgia *Trot to Clot Walk*  
8800 Roswell Road, Suite 170  
Atlanta, Georgia 30350  
Attention: Lorraine J. Scollan



No goods or services were received for this donation. Hemophilia of Georgia, Inc., is a Non-profit 501(c) (3) organization. (Our Federal Tax Id number is # 58-1175625)