



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 Lorraine Scollan at Hemophilia of Georgia

By Mail: 8800 Roswell Road, Suite 170, Atlanta, Georgia, 30350

By Fax: 770 518-3310.

Thank you for your donation.