



## DONATION FORM

 PLEASE PRINT:

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Enclosed is my tax-deductible donation in the amount of:

- |                                |                                      |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> \$50  | <input type="checkbox"/> \$500       |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$1,000     |
| <input type="checkbox"/> \$250 | <input type="checkbox"/> Other _____ |

My gift is...  in honor of /  in memory of:

\_\_\_\_\_

I prefer that my gift remain anonymous.

Please make your check or money order payable to:

**Hemophilia of North Carolina**  
**260 Town Hall Drive, Suite A**  
**Morrisville, NC 27560**

*Thank you!*