


GREAT LAKES
HEMOPHILIA
FOUNDATION

Donation Form

I would like to support Great Lakes Hemophilia Foundation with a tax-deductible donation of: \$1,000 \$500 \$250 \$100 \$50 Other: \$ _____

My or my spouse's employer will match this gift.

Please specify whether this gift is in memory or in honor of:

Name: _____

On the occasion of: Anniversary Birthday Graduation Other _____

Is there someone that you would like us to notify regarding this special contribution?

Please notify, Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DONOR INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

My check is enclosed, payable to Great Lakes Hemophilia Foundation or GLHF

Please charge my: Visa MasterCard Discover American Express

Round up my gift by \$3 to help with credit card processing fees (optional)

Name as it appears on credit card _____

Card number: _____ Expires _____ Security Code: _____

Signature: _____

If credit card billing address is different, please list it here:

Address: _____ City: _____ State: _____ Zip: _____

I have included GLHF in my estate plans I would like information about including GLHF in my estate plans

Contact Marlene Vidal with questions: 414.937.6783 • 888.797.4543 • mvidal@glhf.org

Return this form to: Great Lakes Hemophilia Foundation
638 N. 18th Street, Suite 108, Milwaukee, WI 53233 / fax: 414-257-1225 / mvidal@glhf.org

Thank you for your donation!