



Donation Form

TODAY'S CARE, TOMORROW'S CURE.

I would like to support Great Lakes Hemophilia Foundation with a tax-deductible donation of:

\$1,000 \$500 \$250 \$100 \$50 Other amount: \$ _____

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

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

Please charge my gift in monthly installments in quarterly installments one time
to Visa MasterCard Round up my gift by \$3 to help with credit card processing (optional)

Name as it appears on credit card _____

Card number: _____ Expiration Date: _____

3-digit Security code from back of card: _____ Signature: _____

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

Name: _____

On the occasion of: Anniversary Birthday Graduation Other _____

Who should we notify about your donation? Please provide an address.

Name: _____

Address: _____ City _____ State _____ Zip _____

Please direct my gift to the following:

Wherever it will do the most good Camp Program Scholarship Fund
 Patient Financial Assistance Education/Support services

Please provide the donor name(s) you would like presented in our donor listing:

Address: _____ City _____ State _____ Zip _____

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

Address: _____ City _____ State _____ Zip _____

Email: _____

Home phone: _____ Work phone: _____

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
By mail: 638 N. 18th Street, Suite 108, Milwaukee, WI 53233
By fax: 414-257-1225

Thank you for your donation!