



Hearts for Hope

Please help us support the bleeding disorders community with a \$50 donation to honor our past, present, & future! For this donation, you can honor a loved one by having their name and a short message printed on a heart that will be displayed at the Hearts for Hemophilia Casino Night on January 27, 2018.

To make a donation, please complete the following information:

This gift is (please circle one): In Honor of / In memory of / In Celebration of:

Short Message to be included on heart (optional), please limit to 50 characters:

Enclosed please find my gift in the amount of \$ _____.

Your name as you would like it to displayed on heart:

Check here if you prefer that your name not be disclosed on the heart

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Method of payment: _____ Check payable to: Hemophilia of North Carolina

_____ Visa _____ MasterCard _____ Other

Name as it appears on card: _____

Card # _____ Exp. Date _____ CVV _____

Signature _____

Your gift is tax deductible to the extent provided by law. Our Federal Tax Identification number is 56-1273974. A written acknowledgment of your donation will be provided to you for your tax records.

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Please print this form and mail it with your contribution to:

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

Donations for this program will be *accepted through January 22, 2018*. This will allow us time to prepare your heart for the Casino Night.

Thank you for your support!

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