



EASTERN PENNSYLVANIA CHAPTER NATIONAL HEMOPHILIA FOUNDATION

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Donation Pledge Form

Donor Information

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Pledge Information

I would like my donation to remain anonymous

\$10,000+ -- Diamond Level

\$5,000+ -- Platinum Level

\$2,500+ -- Gold Level

\$1,000+ -- Silver Level

\$500+ -- Bronze Level

\$250+ -- Copper Level

I (we) would like to be listed as: _____

I (we) pledge a total contribution of \$_____ to be paid:

One time Monthly Quarterly Annually

Check Enclosed **Make payable to Eastern PA Chapter of NHF

Credit Card: Visa MasterCard Discover

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This Gift will be matched by _____ Form Enclosed Form will be forwarded

My Gift is in Memory/Honor (circle one) of: _____

Please return this form along with your contribution to:

Eastern PA Chapter of NHF, Victoria Business Center Suite 227, 1489 Baltimore Pike, Springfield, PA 19064

Contact: Charlotte Conmy: (p) 484-445-4282 (e) charlottec@hemophiliasupport.org

**Your donation is tax deductible within the limits of PA State law.