

# EASTERN PENNSYLVANIA HEMOPHILIA FOUNDATION

41 COUNTIES.  
1 MISSION.

Victoria Business Center, 1489 Baltimore Pike, Suite 227, Springfield, PA 19064 ■ 484-445-4282 ■ [www.hemophiliasupport.org](http://www.hemophiliasupport.org)

## 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

Cardholder Name: \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

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: Curt Krouse: (p) 484-445-4282 (e) [curtk@hemophiliasupport.org](mailto:curtk@hemophiliasupport.org)

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