



2016

Mail to: Hemophilia of South Carolina, 439 Congaree Road, Suite Box #5, Greenville, SC 29607

E-mail to: hemophiliasc.org

____ Current Member Update ____ New Member *****Please put a (B) next to name/s of those affected by a Bleeding Disorder**

Name: (Last, First) List all adult family members living in your home)

Children: _____ Birthdate _____

Children: _____ Birthdate _____

Children: _____ Birthdate _____

Children: _____ Birthdate _____

Children: _____ Birthdate _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home phone _____ **Cell** _____

E-Mail _____

What type of Bleeding Disorder are you or your family member(s) affected by: (below)

Hemophilia A ____ Hemophilia B ____ VonWillebrand Disease ____ Symptomatic Carrier/Carrier ____ Other ____
Mild Moderate Severe Do you have an inhibitor? Yes ____ No ____

HSC appreciates all donations in support of our programs and services. Your donation may be tax deductible as allowed by law. A receipt upon request is available.

Please make all checks **payable to Hemophilia of South Carolina.**

I would like to make a donation in the following amount. Please except my donation of:

\$10 ____ \$25 ____ \$50 ____ \$100 ____ other ____ In memory of: _____

____ I do not have a bleeding disorder, however, I would like to support Hemophilia of South Carolina and its mission. Please add my name to your database and mailing list. My affiliation is:

____ Medical Professional, _____ Industry providing services/products to the bleeding disorder community

____ Other (please Provide) _____

I am providing contact information for someone who may support/donate to/assist HSC. _____