

***YES! I would like to make a contribution to support the work of The New England Hemophilia Association in providing education, support and advocacy for persons with bleeding disorders in New England.***

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

Address: \_\_\_\_\_

—

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Amount** \_\_\_\_\_ **\$500** \_\_\_\_\_ **\$250** \_\_\_\_\_ **\$100** \_\_\_\_\_ **\$75**  
\_\_\_\_\_ **\$50** \_\_\_\_\_ **\$25** \_\_\_\_\_ **Other**

Donation Made In Honor Of: \_\_\_\_\_

Donation Made In Memory Of: \_\_\_\_\_

Please make checks payable to NEHA and send to

**New England Hemophilia Association  
347 Washington Street, Suite 402  
Dedham, MA 02026**

For credit card donations please call 781-326-7645 with the following information:

Credit Card Number: \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_  
Card Holder Name (please print): \_\_\_\_\_

Please return your donation in the enclosed envelope and mail to the following:

***Thank You!***