

Memorial Gift

If you would like to make a donation in memory of a friend or family member, simply print and mail this completed form to:

Kentucky Hemophilia Foundation, Inc.
1850 Taylor Avenue, Suite #2
Louisville, KY 40213

A card will be sent to the family of the deceased acknowledging your kind gift, and it will be recognized in our Hemosphere Newsletter.

Donor Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

In Memory of:

Name: _____

Please check if you would like to remain anonymous

Please notify the following individual(s) of my donation:

Do not notify anyone of my donation

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Payment Options:

| | |
|---------------|--|
| Check | Enclosed is my donation of \$ _____ |
| Charge | Please charge \$ _____ to my (circle one): Visa MasterCard |
| | Card # _____ Exp. Date: _____ |
| | Name as it appears on card: _____ |
| | Signature of card holder: _____ |

Since you received no goods or services for this donation, your gift is tax deductible in its entirety.
Thank you for your support!