

**The Hemophilia Foundation of Nevada (HFNV) Invites You To Become A Supporter.  
Join Us Today In Helping Hundreds of Nevadans Struggling With  
Life-Long, Incurable Bleeding Disorders. We'll Use Your Contribution To:**

- ◇ Send bleeding disorders youth to summer camp from northern and southern Nevada
- ◇ Educate parents with children and family members with bleeding disorders
- ◇ Develop new programs to assist teens transition to adulthood
- ◇ Assist patients with advocacy and insurance issues
- ◇ Sponsor holiday gatherings in northern and southern Nevada

**Yes, I want to support HFNV's vital work**

\$500   \$300   \$100   \$50   \$30   Other \$ \_\_\_\_\_

**Contact Information**

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

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

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Donation In honor of: \_\_\_\_\_

Donation In memory of: \_\_\_\_\_

**I'd Like To Make My Contribution Today**

My check is enclosed, payable to the Hemophilia Foundation of Nevada

I will pay by Visa

I will make a contribution through the HFNV website: PayPal

Account number: \_\_\_\_\_ Expire Date: \_\_\_\_\_

3 digit Security Code: \_\_\_\_\_ Zip Code for Billing Address: \_\_\_\_\_

Name on card (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

The Hemophilia Foundation of Nevada is a 501c3 charitable organization. A receipt will be sent to you for your donation

**THANK YOU!  
YOUR GENEROUS CONTRIBUTION HELPS THE  
LIVES OF OTHERS**

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