



Prefer to Post it?

Great, that's easy. No stamp required, just post to:

**Freepost 62071, Haemophilia Foundation, PO Box 90857, Victoria Street West,
Auckland 1142**

Please complete so we can accurately record your donation and issue a receipt

Full Name:

Postal Address:

Phone number:

Mobile number:

Email Address:

I would like to make a donation:

Please accept my donation of: ☐ \$20 ☐ \$35 ☐ \$50 ☐ \$100 ☐ Other \$

☐ Credit Card

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Expiry Date:

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Name on Card:

Signature: