

Yes! I want to be a part of TexCen's efforts to promote advocacy, support efforts to find a cure, increase awareness and provide support for the bleeding disorders community. Enclosed is my tax-deductible gift to benefit the Texas Central Hemophilia Association "TexCen".

Please accept my one time monthly annual gift of:

\$25 \$50 \$100 \$250 \$500 \$1000

Other \$ _____ for _____

BILLING ADDRESS

Name

Address

City State Zip

Phone

Email (for notifications and updates)

◆.....◆
I would like my gift to be in memory or honor of:

Please notify the following person of my gift:

Name

Address

City State Zip

PAYMENT OPTIONS

Please complete and return this form to **Texas Central Hemophilia Association**, 12700 Hillcrest Road, #191, Dallas TX 75230 or by email to mail@texcen.org.

Check or money order enclosed

Please charge my gift to my credit card:

Visa Mastercard Other?

Credit card number

Exp. Date

CVC Code

Name as it appears on card

Signature