



## AN OPPORTUNITY TO GIVE

# “Partners in Caring”

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I want to become a Partner in Caring:

- Partner \$500+
- Sponsor \$250+
- Support \$100+
- Pal \$50+
- Member \$15
- Other \_\_\_\_\_
- I would like to volunteer for upcoming special events

*Your contribution may be tax deductible to the extent allowed by law.*

A copy of the official registration and financial information may be obtained from the division of consumer services by calling toll free (888) 880-8330 within the state. Registration does not imply endorsement, approval, or recommendation by the state.

Please make checks payable to:

**Florida Hemophilia Association**  
**18001 Old Cutler Road, Suite 501**  
**Palmetto Bay, FL 33157**

(888) 880-8330  
[www.floridahemophilia.org](http://www.floridahemophilia.org)



**FLORIDA HEMOPHILIA ASSOCIATION**

*for all bleeding disorders*