

Membership & Donation Form

Name:

Mailing Address:

City, State, Zip:

Phone: Cell:

Email Address:.....

- I have a bleeding disorder
- I am a relative of someone with a bleeding disorder
- I am an interested professional/provider
- I am an interested supporter
- I represent an interested corporation

Membership Level	Annual Dues
<input type="checkbox"/> Individual membership	\$15
<input type="checkbox"/> Family membership	\$30
<input type="checkbox"/> Sustaining corporate sponsor	\$100
<input type="checkbox"/> Patron	\$100
<input type="checkbox"/> Benefactor	\$250
<input type="checkbox"/> Sustaining member	\$500
<input type="checkbox"/> Lifetime membership	\$2500 one time

Donation

- I do not wish to join at this time, but donate \$
- In addition to my membership, I will donate \$
- This donation is in memory of
- This donation is in honor of.....

Send an acknowledgement of the donation to:

Name:

Mailing Address:

City: State: Zip:

Membership \$

Donation \$

Total amount enclosed \$

Please make checks payable to: the RMHBDA

- Please mention my membership / donation in the next RMHBDA newsletter.
- Please add my name to the RMHBDA email list for legislative and medical issues.

Thank you for your generous support!

RMHBDA is a 501(c)(3) nonprofit with tax id number is 81-0533720.

Rocky Mountain Hemophilia



& Bleeding Disorders Association

a 501(c)(3) nonprofit Montana corporation

Rocky Mountain Hemophilia
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