



Mail to: Hemophilia of South Carolina - 439 Congaree Road, Suite Box #5 - Greenville, SC 29607
E-mail to: info @ hemophiliasc.org

_____ Current Member Update _____ New Member *****Please put a (B) next to name/s of those affected by a Bleeding Disorder**

I would like to give my permission to list my name and contact information in the HSC Support Group Contact book. I understand my PPI will not be provided, sold or distributed to any other organization, cooperation or Industry/Healthcare provider- this is strictly to assist community members to be able to reach individuals with like interest and diagnosis's, ages of children, zip codes, mentoring and interests. This is optional and is not a requirement. Community members have asked for this information and we are looking at accommodating our community requests and updating our data base records. Thanks you! _____ YES _____ NO do not list us please.

Name: (Last, First) Please list all adult family members living in your household)

Adult: _____ Adult: _____ Adult: _____

Children: _____ Birthdate: _____ Children: _____ Birthdate: _____

Children: _____ Birthdate: _____ Children: _____ Birthdate: _____

Children: _____ Birthdate: _____ Children: _____ Birthdate: _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

Home phone: _____ **Cell:** _____

E-Mail: _____

What type of Bleeding Disorder are you or your family member(s) affected by: (below)

Hemophilia A _____ Hemophilia B _____ VonWillebrand Disease _____ Symptomatic Carrier _____

Carrier (no known symptoms) _____

Mild Moderate Severe Do you have an inhibitor? Yes _____ No _____

HSC appreciates all donations in support of our programs and services. Your donation may be tax deductible as allowed by law. A receipt upon request is available. If you would like to make a donation at any time, please make all checks payable to **Hemophilia of South Carolina** and send checks to the home office. You may also make a donation on our **website at www.hemophiliasc.org**. Thank you!

Please except my donation of:

\$10 _____ \$25 _____ \$50 _____ \$100 _____ other _____ In memory of: _____

_____ I do not have a bleeding disorder, however, I would like to support Hemophilia of South Carolina and its mission. Please add my name to your database and mailing list.

My affiliation is: ___ Medical Professional ___ Industry providing services/products to the bleeding disorder community.

Other (please provide) _____