



**BLOOD SCIENCE
FOUNDATION®**

Please complete all applicable sections and mail to:

Blood Science Foundation
L-4179
Columbus, OH 43260

(Circle One)

VISA Mastercard American Express Discover

Name

Card Number

Security Code

Street Address

Name on Card

Expiration Date

City, State, Zip

Billing Address (if different than previous)

Phone

Email Address

Signature

- I/We would like to make a tax-deductible donation via the enclosed check in the amount of _____.
Make all checks payable to Blood Science Foundation.

- I/We would like to make a tax-deductible donation via credit card. Please complete the form above for credit card transactions.
 - Please charge my/our credit card for this one-time donation in the amount of \$_____.
 - Please charge my/our credit card once per month in the amount of \$_____ on the _____ day of the month.

- I/We would like to give this gift anonymously.

If you'd like your donation to go toward one of our specific designations, please call us at 412-209-7651.

Honor or remember someone with your gift?

Whom do you want to recognize?

Recipient's Street Address

Your relationship to them:

Recipient's City, State, Zip

Notify the Recipient? (yes, no)

Recipient's Phone Number (optional)

Include a note to the recipient: What would you like the note to say?