Supporter/Donation Form

□ Yes, I want to support the HLRCC Family Alliance c/o VHLA

[OR]

□ I just want to make an anonymous donation

Name: Address:

City: State/Province:

Zip/Postcode:

Country (if outside the U.S.):

Phone at work: Phone at home: E-mail:

My check or credit card payment includes

* Note all payments are tax-deductible

□ $30 supporter*

□ $100 contributing supporter*

□ $250 sustaining supporter*

□ $1000 HLRCC Research*

□ Additional contribution*

Payment Method: □ Enclosed check, payable to the VHL Alliance (marked for HLRCCFA) *TOTAL:* $

□ Master Card/Visa Card #

Expiration date: Name as it appears on the card:

Signature

I am a □ HLRCC patient □ HLRCC family member □ Supporting friend

□ Health care professional, Specialty :

□ Other (Specify) :

□ How did you learn about the HLRCC Family Alliance?

□ Please list the topics you would like to see addressed on our INSPIRE or Facebook sites.

Your input regarding our Handbook is also welcome.

Thank you!