

Support the Mission of the HHT Foundation International

HHT FOUNDATION INTERNATIONAL

OUR MISSION is to find a cure for HHT while saving the lives and improving the well-being of individuals and families affected by HHT.

To achieve this mission, the HHT Foundation will:

- Fund research
- Educate families and physicians Provide linkages between people affected by HHT
- Collaborate with multidisciplinary HHT Treatment Centers
- Advocate for and support those with HHT
- Engage the scientific and medical community

DID YOU KNOW . . . ?

- Two children are born everyday with HHT
- Over 1 million people worldwide have HHT
- Primary care physicians frequently miss the diagnosis in affected individuals.
- The most commonly affected organs are the nose, lungs, GI tract and brain, in that order.
- HHT is a genetically transmitted disorder.
- Treatments are available for all manifestations of HHT.

BE A CHAMPION FOR HHT

Your donation, membership, and volunteerism will **HELP US** help those who have HHT.

TOGETHER, WE WILL FIND A CURE!!

Mr. Mrs. Ms. Dr. Mr.& Mrs. (Please circle one) Date: _____

Name: _____

Street Address: _____

City, State, Zip, Country: _____

Phone: _____ Date of Birth: _____

Email: _____

I would like to receive the tri-annual HHT newsletter by email only

I have HHT

MEMBERSHIP

Check all that apply:

NEW MEMBER MEMBERSHIP RENEWAL GIFT MEMBERSHIP/RENEWAL TRIBUTE GIFT

GENERAL DONATION DO NOT acknowledge this donation in any HHT Publications

\$55 – DONOR

\$500 – BENEFACTOR

\$75 – SUPPORTER

\$1000 – PRESIDENT'S CLUB

\$100 – SPONSOR

\$5000 – DOCTOR'S CIRCLE (in honor of Dr. _____)

\$250 – PATRON

Other _____

3-YEAR MEMBERSHIP - \$150

Gift Membership / Tribute Gift

Please make my donation in MEMORY of _____

in HONOR of _____

a GIFT MEMBERSHIP for _____

Please provide the address of the family of the deceased, the honoree or the gift recipient:

Name: _____

Street Address: _____

City, State, Zip, Country: _____

Phone/Email: _____

Personalized Message: _____

METHOD OF PAYMENT (Must be in U.S. Funds)

Check Enclosed

Please Charge My Credit Card: Visa Mastercard Discover American Express

Card Number: _____

Name on card: _____ CVV Code _____ Expiration Date _____

Auto Contribution Amount: \$ _____

Please charge the credit card listed above (circle one) Monthly Quarterly Annually

Signature: _____

Gift of Stock or Securities: _____ shares of _____

Matching Gift from my company will follow in the amount of: \$ _____

Payment Summary

Membership: \$ _____

General Donation: \$ _____

Research Endowment Donation: \$ _____

Gift Membership: \$ _____

TOTAL: \$ _____

The HHT Foundation is a 501(c)(3) non-profit organization. Donations are tax deductible as allowed by law.
Tax ID: 22-3115041

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