

Membership - Donation

Please print this form and send it to us
with your check or credit card information Visa/MasterCard,

Name: _____

Address: _____

City: _____

State: _____

Zip/Postcode: _____

Country (if not USA): _____

Phone (home): _____

Phone (work): _____

Fax: _____

E-mail: _____

NOTE: Our mailing list is entirely confidential and is never rented nor sold. See [Privacy Policy](#)

Yes, I want to help stop VHL!

Amount of my donation: _____ \$ _____

Payment for items checked on the enclosed [publications list](#): \$ _____

or other: _____ \$ _____

Total payment: _____ \$ _____

My donation is in honor of / in memory of

Please send an acknowledgement card to:

****** send this form by fax or paper mail, or Phone us at 1-617-277-5667 Fax: 1-858-712-8712.
Thank you!***

I am enclosing my payment, or charge it to my Visa or Mastercard

Card number: _____

Name as it appears on the card: _____

Expiration date: _____