



A: 100 N Howard St Suite R, Spokane, WA 99201

EIN: 41-2547265

Giving Circle Registration Form

Thank you for your interest in starting or joining a Giving Circle with Sickle Cell Prodigy. Giving Circles play a vital role in sustaining our mission to redefine survivorship for individuals living with sickle cell disease who are exploring or recovering from transformative therapies, including bone marrow transplant and gene therapy.

Please complete the form below. A member of our team will follow up within 5–7 business days.

Section 1: Primary Contact Information

Full Name

Preferred Pronouns (optional)

Email Address

Phone Number

City & State

Organization / Affiliation (if applicable)

Section 2: Giving Circle Interest

Please indicate how you would like to participate:

- ☐ Start a new Giving Circle
- ☐ Join an existing Giving Circle
- ☐ Explore options / learn more before committing

If joining an existing Giving Circle, please list the name (if known):

Section 3: Giving Circle Details (For New Giving Circles)

Proposed Giving Circle Name

Primary Focus or Theme (optional)

(e.g., survivorship, pediatric care, patient education, caregiver support, general mission support)

Anticipated Number of Members

- ☐ 3–5
- ☐ 6–10
- ☐ 11–20
- ☐ 20+

Estimated Individual Contribution Amount

(annual or per campaign; range is acceptable)

Preferred Giving Structure

- ☐ Annual pooled donation
- ☐ Campaign-based fundraising
- ☐ Flexible / undecided

Section 4: Motivation & Connection

What inspired you to start or join a Giving Circle with Sickle Cell Prodigy?

Do you have a personal or professional connection to sickle cell disease or curative-intent therapies? (Optional)

Section 5: Engagement & Leadership

Are you interested in serving as a Giving Circle Lead or Co-Lead?

- ☐ Yes
- ☐ No
- ☐ Possibly / would like more information

Ways you're interested in engaging beyond giving (optional):

- ☐ Hosting events or conversations
- ☐ Peer outreach
- ☐ Corporate or workplace giving
- ☐ Storytelling / awareness
- ☐ Strategic or advisory support

Section 6: Logistics & Communication

Preferred method of communication:

- ☐ Email
- ☐ Phone
- ☐ Virtual meeting

Best days/times to connect (optional):

Section 7: Consent & Acknowledgment

☐ I understand that participation in a Giving Circle involves fundraising and/or pooled giving in support of Sickle Cell Prodigy's mission.

☐ I agree to be contacted by Sickle Cell Prodigy regarding Giving Circle onboarding, resources, and related opportunities.

Signature (typed):

Date:

Thank you for your leadership and commitment to advancing equitable survivorship for the sickle cell community.