



Hospital order form
(UK only)

**ITP Support
Association**

REGISTERED CHARITY NO 1064480

PLEASE NOTE: We can only supply single copies of titles except Where to Get Help leaflets.
We do not have the resources to supply our publications for hospitals to pass on to patients.

Name (* Dr/Mr/Mrs/Ms) _____ (*delete as appropriate)

Hospital _____ Department _____

Full postal address _____

Postcode _____ Email address: _____

Title Required	Tick
<i>Where to Get Help (pack of 15)</i>	
<i>Know About ITP</i>	
<i>The Platelet (quarterly journal)</i>	
<i>Treatment table</i>	
<i>ITP Support Association poster</i>	

I enclose a donation of £ _____

Please send your completed form to:

**The ITP Support Association,
Synehurste,
Kimbolton Road,
Bolnhurst, Beds
MK44 2EW**

Signature _____