

# HOSA Contribution Form

*This form will add the gift to the list of donations on your page.*

Page Information	
Page Name:	Gift is for: <input type="checkbox"/> Chapter Team Page <input type="checkbox"/> Individual Page
Advisor/Page Owner's Name (if different from above):	
If available, Page URL:	

Contribution Detail: If company or organization, please include a contact name	
Contact Name:	Company/Org Name:
Name of Contributor:	
Address:	
City, State, Zip:	
Email Address:	
\$ Amount of Individual Contribution:	Date of Contribution:

Payment Information	
<input type="checkbox"/> Check Enclosed <input type="checkbox"/> Money Order/Cashier's Check enclosed	
Credit Card: <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Number	Expiration Date
____ Verification Code (3 digits on back, 4 on front if American Express)	Name as it Appears on Card:
Billing Address (if different from above)	
Signature Authorizing Card Billing	

Gift Recognition: How would you like the gift to appear on the website?		
<input type="checkbox"/> Please display <b>NAME</b> and <b>DONATION AMOUNT</b>	<input type="checkbox"/> Please display <b>NAME ONLY</b> (hide amount)	<input type="checkbox"/> Please <b>DO NOT LIST</b> contributor name
List the recognition name for the page (if none is given, it will be entered as it is under Contribution Detail above):		

**Mail this form and contributions to:**  
 Be The Match Foundation • NW 5948, PO Box 1450 • Minneapolis, MN 55485  
 800-507-5427 • [HOSA@nmdp.org](mailto:HOSA@nmdp.org) • [BeTheMatch.org/HOSA](http://BeTheMatch.org/HOSA)