



# HOSA Contribution Form

*This form will add your gift to the honor roll on your page.*

## Required Sections to Complete

<b>Page Information</b>	
Team Be The Match Page Name:	Is this gift for a: <input type="checkbox"/> Team Page <input type="checkbox"/> Personal Page
If available, Page URL: <a href="http://www.BeTheMatchFoundation.org/goto/">www.BeTheMatchFoundation.org/goto/</a> _____	
Registration Name:	

<b>Contribution Detail: If company or organization, please include a contact name</b>	
Advisor Name:	Chapter Number:
School:	
Address:	
City, State, Zip:	
Advisor Email Address:	
\$ Amount of Contribution:	Date of Contribution:

<b>Payment Information</b>	
<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	

<b>Gift Recognition - How would you like the gift to appear on the online page?</b>		
<input type="checkbox"/> Please display <b>NAME</b> and <b>DONATION AMOUNT</b> on Team Be The Match	<input type="checkbox"/> Please display <b>NAME ONLY</b> on Team Be The Match (hide amount)	<input type="checkbox"/> Please <b>DO NOT LIST</b> contributor name on Team Be The Match
List the recognition name for the Team Page honor roll (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  
Attn: Team Be The Match,  
500 N 5<sup>th</sup> St, Minneapolis, MN 55401  
(800) 507-5427