

# BIKE HSS



## OFFLINE DONATION FORM

This printable form is available for supporters who would like to donate to a participant offline via check, money order, or credit card.

My contribution is supporting \_\_\_\_\_  
(Participant's First and Last Name)  
in Bike HSS on Saturday, September 28, 2019.

Donation Amount \$ \_\_\_\_\_

Donor Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Check # \_\_\_\_\_

Visa       Mastercard       American Express

Credit Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

- You will receive a receipt from Hospital for Special Surgery for your tax purposes
- We will inform the rider that you have made a gift

Please make checks payable to Hospital for Special Surgery Foundation and mail to:  
BIKE HSS 2019  
PO Box 21041  
New York, NY 10087

For more information about BIKE HSS, please contact Charlotte Reardon at [reardonc@hss.edu](mailto:reardonc@hss.edu) or 917.260.4473.