**HOSA Contribution Form**

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

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**Page Information**

<table>
<thead>
<tr>
<th>Page Name:</th>
<th>Gift is for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Advisor/Page Owner’s Name (if different from above):**

**If available, Page URL:**

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**Contribution Detail: If company or organization, please include a contact name**

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Company/Org Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Contributor:**

**Address:**

**City, State, Zip:**

**Email Address:**

**$ Amount of Individual Contribution:**

<table>
<thead>
<tr>
<th>Date of Contribution:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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**Payment Information**

- [ ] Check Enclosed  
- [ ] Money Order/Cashier’s Check enclosed  

**Credit Card:**

- [ ] American Express  
- [ ] Discover Card  
- [ ] MasterCard  
- [ ] 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**

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**Gift Recognition: How would you like the gift to appear on the website?**

- [ ] Please display **NAME and DONATION AMOUNT**  
- [ ] Please display **NAME ONLY** (hide amount)  
- [ ] Please **DO NOT LIST** contributor name

List the recognition name for the page (if none is given, it will be entered as it is under Contribution Detail above):

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**Mail this form and contributions to:**

Be The Match Foundation • NW 5948, PO Box 1450 • Minneapolis, MN 55485  
800-507-5427 • HOSA@nmdp.org • BeTheMatch.org/HOSA

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Last Updated: 3/18/2022