

## CHARITABLE CONTRIBUTION FORM

Contributor Information		
FIRST NAME	MIDDLE INITIAL	LAST NAME
POSITION	COMPANY	
PHONE	E-MAIL	
ADDRESS		
CITY, STATE, ZIP		
Contribution Detail		
DATE OF CONTRIBUTION		
AMOUNT OF CONTRIBUTION \$		
<input type="checkbox"/> IN HONOR OF: <b>OR</b> <input type="checkbox"/> IN MEMORY OF: (please fill in person's name)		
PERSON TO BE NOTIFIED OF GIFT	RELATIONSHIP	
ADDRESS		
CITY, STATE, ZIP		
Payment Information		
<input type="checkbox"/> CHECK ENCLOSED		<input type="checkbox"/> WIRE TRANSFER (please call 612-884-8700 for instructions)
<input type="checkbox"/> MY COMPANY HAS A MATCHING GIFT PROGRAM		<input type="checkbox"/> APPRECIATED SECURITY/SHARES (please call 612-884-8700 for instructions)
<input type="checkbox"/> 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	NAME AS IT APPEARS ON CARD
_____ CREDIT CARD VERIFICATION CODE (3 digits on the back, or 4 digits on the front if American Express)		
BILLING ADDRESS (if different from above)		
SIGNATURE AUTHORIZING CARD BILLING		

*Be The Match Foundation raises funds to support Be The Match/The National Marrow Donor Program® (NMDP). The NMDP and Be The Match Foundation are both qualified organizations recognized under section 501(c)(3) of the Internal Revenue Code. Gifts made are tax-deductible to the extent allowed by law.*