

# CONTRIBUTION FORM

Event Location		
<input type="checkbox"/> Charlotte, NC	<input type="checkbox"/> Chicago, IL	<input type="checkbox"/> Long Beach, CA
<input type="checkbox"/> Minneapolis, MN	<input type="checkbox"/> New York, NY	<input type="checkbox"/> Philadelphia, PA

Contributor Information	
NAME OF CONTRIBUTOR	
ADDRESS	
CITY, STATE, ZIP	
EMAIL ADDRESS	PHONE

Credit My Contribution To
PARTICIPANT OR TEAM NAME

Payment Information		
AMOUNT OF CONTRIBUTION \$	DATE OF CONTRIBUTION	
<input type="checkbox"/> CHECK ENCLOSED (Make payable to Be The Match Foundation®)    Check Number _____		<input type="checkbox"/> CASH
<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	EXP. 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)		
CITY, STATE, ZIP		
SIGNATURE AUTHORIZING CARD BILLING		

Online Gift Recognition		
<input type="checkbox"/> PLEASE DISPLAY MY <b>NAME AND DONATION AMOUNT</b> ON THE PARTICIPANT AND TEAM PAGES	<input type="checkbox"/> PLEASE DISPLAY MY <b>NAME ONLY</b> ON THE PARTICIPANT AND TEAM PAGES	<input type="checkbox"/> PLEASE <b>DO NOT LIST</b> MY NAME ON THE PARTICIPANT AND TEAM PAGES

**MAIL FORM AND CONTRIBUTIONS TO:** Be The Match® Walk+Run, 500 North 5th Street, Minneapolis, MN 55401-1206

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