

MMACHS HOSA

MERIDIAN MEDICAL ARTS CHARTER HIGH SCHOOL

“Direct Donation” Fundraiser Form/Receipt

|  |  |  |
| --- | --- | --- |
| Name: |  | Phone Number |
| Address: |  |  |
| City: | State: | Zip Code: |

**Donation Amount:**

**$25.00\_\_\_\_\_ $50.00\_\_\_\_\_ $100.00\_\_\_\_\_ $250.00 \_\_\_\_\_ $500.00\_\_\_\_\_ Other $\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_My employer has a Matching gift Program. Please let us know how we should proceed to maximize your donation.**

**Please make checks payable to MMACHS HOSA, or donate online at** [**www.meridianmedicalartscharter.org/giving/**](http://www.meridianmedicalartscharter.org/giving/) **.**

**Student’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Donor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All contributions are 100% tax deductible and 100% goes directly to MMACHS HOSA.**

**This form, when signed below by the Advisor or School Representative, will serve as your receipt. MMACHS HOSA is a non-profit 501(c)(3) organization.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Advisor or school representative signature: |  |  |  |  |  |  |  | Date: |

If you have any questions, please contact Blake Gaudet at 2088554075 or email [Gaudet.blake@westada.org](mailto:Gaudet.blake@westada.org). MMACHS is a non-profit school Idaho State Number: 57-1149368

