

BIKE **HSS DONATION FORM**

My contribution is supporting			in BIKE HSS	
•	PARTICIF	'ANT'S FIRST & LAST NAME		
DONOR NAME(S) AS YOU	WISH IT TO APPEAR ON PR	INTED MATERIALS		
ADDRESS				
CITY	STATE	ZIP	COUNTRY	
TELEPHONE		EMAIL		
I/WE GIVE TO HSS	A TOTAL OF: \$		_	
Please send this fo	rm with your gift to: 20)25 BIKE HSS, P.O. Box 2104	41, New York, NY 10087	
Checks should be n	nade payable to Hospi	tal for Special Surgery.		
If you choose to ma	ake a contribution by o	credit card, please include	the following:	
CARD TYPE	merican Express 🗌	Discover	d 🗌 Visa	
NAME AS IT APPEARS ON C	CARD			
CARD NUMBER		EXPIRATION DATE	CVV	
SIGNATURE				

To make a gift through a Donor-Advised Fund, please share our institution name and EIN with your fund administrator. For additional information requests, please contact giving@hss.edu. IRS Regulation (IRC 4967) currently prohibits the use of a Donor-Advised Fund grants to pay for all or any portion (whether tax deductible or not) of the admission price to attend an event.

For more information about BIKE HSS, please contact Kate McCormick at BIKE@HSS.edu

Hospital for Special Surgery Fund, Inc. is a 501 (c)(3) tax exempt nonprofit organization, incorporated in the State of New York. Federal ID #13-6714749. Gifts to Hospital for Special Surgery are tax deductible as allowed by law. All gifts and pledges will be acknowledged in writing.

Thank you for your generous support of HSS.



BIKE **HSS GIVING INSTRUCTIONS**

General Information

Institution Name: Hospital for Special Surgery Fund, Inc.

EIN#: 13-6714749

Make a Gift Online

bikehss.org

Send a Check 2025 BIKE HSS

PO Box 21041

New York, NY 10087-21041

Checks payable to: Hospital for Special Surgery

Wire Transfers

Account Name: Hospital for Special Surgery

Account #: 611-260298ABA#: 021-000021IBAN/SWIFT#: CHASUS33

• Bank: JPMorgan Chase Bank

270 Park Avenue New York, NY 10017

Stock Instructions

1. Please provide your broker with the following information:

• DTC#: 0352 JPMS LLC

• Account Name: The Hospital for Special Surgery Fund, Inc.

• Account #: 202-07121

• Bank Name: JPMorgan Chase

Reference: Donor's/Your Name (Broker must reference donor's name

on the stock transfer to ensure proper gift credit)

- 2. Notify the Development Office by phone, mail, or email with the following information:
 - · Name of stock being donated and number of shares, if known
 - Name of the donor's broker and phone number
 - · Date that the gift is being made
 - · Designation, if any, for this gift

General Questions?

Please call 212.606.1196 or email giving@hss.edu