

Donor Information	
* First Name:	<input type="text" value="Your Name"/>
* Last Name:	<input type="text" value="Your Name"/>
Organization:	<input type="text" value="MHIMA"/>
* Address Line 1:	<input type="text" value="123 Your Street"/>
Address Line 2:	<input type="text"/>
* City:	<input type="text" value="Your City"/>
* State:	<input type="text" value="Minnesota"/>
* Zip Code:	<input type="text" value="60601"/>
* Daytime Phone:	<input type="text" value="1234567890"/> <small>example: (773) 999-9999</small>
* E-Mail:	<input type="text" value="youremail@xyz.com"/>
* Donation Type:	<input type="text" value="One-time donation"/>

One-Time Donation	
* Gift Amount: \$	<input type="text" value="25.00"/>
<input type="button" value="Next"/>	

Credit Card Information	
Company Name:	<input type="text"/>
* Credit Card Type:	Select a Credit Card Type ▾
* Credit Card Number:	Your Card Number <input type="text"/>
* Expiration Date:	Month 10 ▾ Year 10 ▾
* First Name:	Name <input type="text"/>
Middle Name:	<input type="text"/>
* Last Name:	Last Name <input type="text"/>
* Billing Address Line 1:	123 Your Address
Billing Address Line 2:	<input type="text"/>
Billing City:	Your City <input type="text"/>
Billing State:	Minnesota ▾
* Billing Zip Code:	60601 <input type="text"/>
<input type="button" value="Next"/>	

Memory/Honor (Yes/No)	
Is this pledge in Memory/Honor of someone? (Yes/No):	Yes ▾
<input type="button" value="Next"/>	

Memory/Honor Information	
* Memory or Honor:	Honor ▾
* First Name:	MN <input type="text"/>
* Last Name:	Scholarship <input type="text"/>
Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State:	Select a U.S. State ▾
Zip Code:	<input type="text"/>
Phone:	<input type="text"/>
<input type="button" value="Next"/>	

MHIMA

Student Merit Scholarships