



Thank You For Your Thoughtful Gift!

Make checks Payable to: MVMC Foundation
Mail to: MVMC Foundation, PO Box 993, Ennis, MT 59729

Memorial or Tribute Information (PLEASE PRINT)

My Gift is to: Remember (*deceased*) Honor (*living*)

Name: _____

Who should we notify of your gift?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

What is this person's relationship to the remembered or honored person? _____

Donor Information (PLEASE PRINT)

Gift is From: _____

Your gift is acknowledged according to your wishes. The amount is not disclosed. Please print how your name(s) should appear on donor recognition, if different from above.

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Work Phone: () _____

E-Mail: _____ *Please Print*

You may also use a credit card to make your donation: call: (406) 682-6641 or fill out the information below - *for processing please be sure to fill in your (card billing) address information above*

Visa MasterCard American Express

Expiration Date: _____

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Signature