

I WANT TO MAKE A DONATION!

Donor Information

First Name: _____ Last Name: _____

Organization Name (if made on behalf of): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Dedication

In Honor of In Memory of No Dedication

If dedicating this donation, please provide the information below for our notification letter.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I would like this gift to remain anonymous.

Payment

Donation Amount: \$ _____ Check #: _____ Date: _____

Qualified Endowment Donation

*Please make your check payable to: **Pondera HealthCare Foundation**
Print this form and mail with your check to: **PO Box 802, Conrad, Montana 59425-0802***

PHCF is a 501(c)(3) tax-exempt charitable organization & does not provide legal or tax advice. Please consult your tax advisor.

THANK YOU! YOUR CONTRIBUTION IS GREATLY APPRECIATED