



With your gift, you are creating 'Hope Close to Home'.

Cancer Center in Central MT will impact lives. YES! I want to make an impact!

Give an Annual Gift up to Two Years

2024 **2025** (check mark which years you would like to give)

Each year I would like to give: (circle one) \$500 \$1000 \$5000 \$10,000 \$25,000 Other: \$_____

Total Gift Amount: \$_____

All size of gifts are important!

Check enclosed (payable to MC Foundation, memo: Cancer Center) Charge card listed below

Monthly Giving Option

Please charge my contribution to my credit card/debit card. Card #_____

Expiration ____/____ CVV number _____ Signature_____

Gift amount each month in the amount of _____ for _____ months.

Planned or Estate Giving

I would be interested in learning more about planned giving, setting up an irrevocable trust option, or establishing a gift annuity.

Acknowledgement

My gift is anonymous. Please do not publish my name.

Names by which we may acknowledge gift _____

Name: _____

Best Mailing Address: _____

Phone # _____ **Email** _____

Signature _____ **Date** _____

**Please return this form to Medical Center Foundation 408 Wendell Ave * Lewistown, MT 59457 -
or give online at www.cmmc.health/foundation, Phone: 406.535.6309, Email:
afranks@cmmccares.com**