

Giving Form - Make an impactful gift.

Contact Person: _____

Best Mailing Address: _____

Phone # _____

YES! I want to make an impact!



Please apply my gift to the following fund(s):

Give to one fund or split gift amongst multiple: i.e. 50%-General Fund, 50%-Cardiac Rehab.

%: General Fund: General Fund of Foundation, funds used where gift where it can make the greatest impact.

%: Cancer Center: Brings comprehensive cancer care services to Central MT including radiation technology.

%: Support for Nursing Excellence Fund: Fund specific to support nurses.

%: _____ Aside from the funds listed above, the Foundation has 15 additional funds: Ambulance, Behavioral Health Fund, Cardiac Rehab, Darci's Gift, ER, Friends of the 1st Responders, Home Health, HOPE Fund, Hospice, Lab, Radiology, 3D Mammography, Respiratory Therapy, Room Remodels, Vision 2000. More information about these funds can be found at www.cmmc.health/foundation/ways-to-give

Monetary Donation

Check enclosed (payable to 'MC Foundation').

Give through your credit or debit card - One Time, limited timeframe, or ongoing giving are options.

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

Expiration ___/___ CW number _____ Authorizing Signature _____

One Time Gift. \$ _____

Limited Timeframe: Recurring monthly gift. \$ _____ for the next _____ months.

Ongoing. \$ _____ until otherwise notified.

Thank You!

Acknowledgement

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 Please do not publish my name.

My gift is in honor or memory of a loved one (circle one): _____

Name(s) by which we may acknowledge gift: _____

Signature: _____ Date: _____

Send to: Medical Center Foundation, 408 Wendell Ave, Lewistown, MT 59457, Questions: call 406.535.6309

