



*Your support for the CMMC Cancer Center impacts lives!  
Thank you for your 100% tax-deductible gift!*

Name: \_\_\_\_\_  
 Best Mailing Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Give a One or Two Year Gift/Pledge.**

One Year Gift  Two Year Gift/Pledge (friendly reminder invoice will be sent to you in year two)

Each year I would like to give:  \$500  \$1000  \$5000  10,000  \$25,000  \$50,000  
 Total Gift Amount \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ **-All size of gifts are important!**

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

**Give through your credit or debit card - Monthly giving option.**

Please charge my contribution to my credit card/debit card. Card # \_\_\_\_\_  
 Expiration \_\_\_\_/\_\_\_\_ CV number \_\_\_\_\_ Authorizing Signature \_\_\_\_\_

Make this debit/credit card a recurring monthly gift. \$ \_\_\_\_\_ for the next \_\_\_\_\_ months.

**Acknowledgment**

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 Please do not publish my name.

Name(s) by which we may acknowledge gift \_\_\_\_\_

**Please return your gift with this form to Medical Center Foundation  
 408 Wendell Avenue • Lewistown, MT 59457 • 406-535-6309  
 Or give online at [www.cmmc.health/foundation](http://www.cmmc.health/foundation)**