

PRINTABLE DONATION FORM—Please complete this form and mail to:

FMDH Foundation
621 3rd Street South
Glasgow, MT 59230



Donation Form

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (home/cell/work) please circle

Telephone: _____ (home/cell/work) please circle

Email: _____

AMOUNT OF DONATION:

\$25 \$50 \$75 \$100 \$200 \$500 \$1,000 Other _____

METHOD OF PAYMENT:

Check or Money Order (payable to FMDH Foundation)

Visa MasterCard American Express Discover

Card Number _____ Exp. Date: ____/____

3 digit validation number on back of card: ____/____/____

Signature: _____ Date: _____

- GIFT ALLOCATION:**
- General Endowment
 - Markle’s Ambulance Endowment
 - Mammography Fund
 - Scholarship Fund
 - Other, please specify _____

I want my gift to be:

In memory of _____

In honor of _____

Other (please specify) _____

An acknowledgement card will be sent, informing the family of your kind gesture.

Thank you for your donation!!