

A Gift to Central Montana through the Medical Center Foundation

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_____ In Memory of: *or* _____ In Honor of: Name: _____

Send Acknowledgement to:

Name: _____

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City: _____ State: _____ Zip: _____

Donation Amount: \$ _____

Fund Designation:

_____ General Fund

_____ General Endowment

_____ Emergency Room

_____ Skilled Nursing Center

_____ Vision 2000

_____ Home Health

_____ Radiology

_____ Ambulance

_____ Basin Medical Center

_____ Respiratory Therapy

_____ Other _____