

DANIELS MEMORIAL HEALTHCARE FOUNDATION DONATION FORM

Please complete all sections of this form.

If you wish to donate anonymously please make your donation by cash or leave the "Contact Information" blank.

Your donation will help fund DMH Foundation's goal for added medical equipment, technology, and education.

All donations benefit the local Daniel Memorial Healthcare Center through the Foundation.

CONTACT INFORMATION

Full Name _____ Company (if any) _____

Address _____

Address (cont) _____

City _____ State _____ Zip Code _____

DONATION AMOUNT

\$25 \$50 \$100 \$250 \$500 Other Amount

PAYMENT INFORMATION

Check enclosed (payable to the *Daniels Memorial Healthcare Foundation*)

Cash enclosed

Credit Card:

Name on Card _____ Zipcode associated with Card _____

Number / Exp Date _____ CVS# _____

Signature _____

I would like to donate to the Greatest Need.

I would like my donation to be in Memory or in Honor of _____

I would like my donation to be restricted and used only for _____

Acknowledgement for Memory or in Honor to be sent to:

Name _____ Address _____



Send by mail or email attachment to:
Daniels Memorial Healthcare Foundation
P O Box 81, Scobey, MT 59263
dmhf@nemont.net