

# DANIELS MEMORIAL HEALTHCARE FOUNDATION CAPITAL CAMPAIGN DONATION FORM



All donations benefit the DMHF Capital Campaign for a new Healthcare Center.

Thank you for your generous support and commitment to our local healthcare.

## DONOR INFORMATION

\_\_\_\_\_ I/We prefer our gift to remain anonymous and confidential.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## PLEDGE & ONE-TIME DONATION OPTIONS

### ONE TIME GIFT:

\*I/We would like to make an One-Time charitable donation in the amount of: \$\_\_\_\_\_.

### PLEDGE:

\*It is my/our intent to give, via a pledge, a total gift in the amount of: \$\_\_\_\_\_. It will be paid over a period of \_\_\_\_\_ years (5 year maximum), beginning date of: \_\_\_\_\_, and amount of: \$\_\_\_\_\_ yearly. Or, I/We prefer to make payments as follows: \_\_\_\_\_

\_\_\_\_\_ Please indicate each payment amount and date(s).

*\*A Pledge Agreement document will be sent to the donor and signed by donor and Foundation for record keeping.*

## PAYMENT INFORMATION

\_\_\_\_\_ A Check is enclosed (payable to the *Daniels Memorial Healthcare Foundation - DMHF*)

\_\_\_\_\_ \*Will use the link on our Website for a secured payment method with Credit Card.

\*When making a donation through Zeffy, you will notice an option to add a 'Tip' during checkout. By selecting 'Other' in the dropdown menu, you can choose a different tip amount or opt out entirely. It is important to note that these 'Tip' amounts are not given to the Foundation. Instead, they help Zeffy continue offering their services at no cost to organizations like ours.

Send Forms/Checks by mail to:

Daniels Memorial Healthcare Foundation • PO Box 81, Scobey, MT 59263 • [dmhf@nemont.net](mailto:dmhf@nemont.net)

DMHF is a 501 (c) (3) charitable organization. All gifts are tax-deductible to the fullest extent allowed by law.