

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). For sizeable Pledges, please contact the Foundation

Signature _____ Date _____

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 on our website, you will notice an option to add a 'Tip' during checkout. This tip is optional and can be declined. The tip amounts are not given to the Foundation but help Zeffy maintain its services without charging organizations like ours.

Send Forms/Checks by mail to:

Daniels Memorial Healthcare Foundation • PO Box 81, Scobey, MT 59263 • dmhf@nemont.net

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