

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

**FMDH Foundation**  
Attn: Taylor Hohlen  
621 3rd Street South  
Glasgow, MT 59230



### Donation Form

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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!!**