



**MADISON VALLEY
MEDICAL CENTER**
FOUNDATION

Thank You For Your Thoughtful Gift!

Make checks Payable to: MVMC Foundation
Mail to: MVMC Foundation, PO Box 993,
Ennis, MT 59729

Memorial or Tribute Information *(PLEASE PRINT)*

My Gift is to: Remember (*deceased*) Honor (*living*)

Name: _____

Who should we notify of your gift?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

What is this person's relationship to

Donor Information *(PLEASE PRINT)*

Gift is From: _____

Your gift is acknowledged according to your wishes. The amount is not disclosed. Please print how your name(s) should

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Work Phone: () _____

You may also use a credit card to make your donation: call: (406) 682-6641 or fill out the information below - *for processing please be sure to fill in your (card billing) address information above*

Visa MasterCard American Express

Expiration Date: _____

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