



# Make-A-Wish® Montana Donation Form

## DONOR INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone (         ) \_\_\_\_\_

E-mail address \_\_\_\_\_

YES, I would like to be added to your e-mail list.

## GIFT INFORMATION

Enclosed is my gift of \$ \_\_\_\_\_ (Please make check payable to Make-A-Wish)

This gift is in support of an event/fundraiser. Please list event: \_\_\_\_\_

Please charge my credit card for \$ \_\_\_\_\_

Discover® Card

MasterCard®

Visa®

American Express®

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

## TRIBUTE INFORMATION

This gift is in memory of: \_\_\_\_\_

This gift is in honor of: \_\_\_\_\_

Commemorating: \_\_\_\_\_

(Indicate birthday, anniversary or other occasion)

Send notification to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Your name(s) as you would like it in the letter: \_\_\_\_\_

Please send me:

Additional donor envelopes

Information on including Make-A-Wish® in my will

Please return this gift form to:  
Make-A-Wish Montana  
1015 Mount Ave. Ste.C  
Missoula, MT 59101