

# Eagle Mount Donation Form

Enclosed is my donation of \$ \_\_\_\_\_ for Eagle Mount programs in Great Falls. Contributions to Eagle Mount are tax deductible to the extent the law will allow.

If you have a special designation for this donation, please indicate: \_\_\_\_\_

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

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

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

A check is enclosed, payable to Eagle Mount, for my donation.

Please charge my  Visa  MasterCard  Discover

Credit Card #: \_\_\_\_\_

Name (as on card): \_\_\_\_\_

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

Signature: \_\_\_\_\_

Regarding your gift, please indicate all that apply:

In my name

In memory/honor of: \_\_\_\_\_

Please send notice to:

\_\_\_\_\_

\_\_\_\_\_

Anonymous

Matching funds available from my employer (form enclosed)

Employer: \_\_\_\_\_

Comments to Eagle Mount staff or Board: \_\_\_\_\_

Would you like to be added to our mailing list?  Yes  No

Please send this form to:

Eagle Mount  
P.O. Box 2866  
Great Falls, MT 59403

