



Eagle Mount Great Falls
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Eagle Mount Great Falls Donation Form

Enclosed is my donation of \$ _____

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Payment Information

- A check or money order is enclosed, payable to Eagle Mount Great Falls.
- Please charge my Credit Card: ___ Visa ___ Mastercard ___ Discover ___ American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____ Zip Code related to card: _____

Regarding my gift, please indicate all that apply

- In my name
- In memory/honor of: _____
 - Send notice to: _____
- Anonymous
- Matching funds available from my employer (form enclosed). Employer: _____
- Unrestricted donation: donation will be applied where needed.
- Restricted donation: Please apply my donation to following program or other activity: _____

Comments to the Eagle Mount Staff or Board Members: _____

Would you like to be added to our mailing list? ___ Yes ___ No ___ I'm already on it. Thanks!

Mail completed form along with your donation to: Eagle Mount, P.O. Box 2866, Great Falls, MT 59403.

Contributions to Eagle Mount Great Falls are tax deductible to the extent the law will allow. Eagle Mount Great Falls does not sell, loan or trade names or other personal data on its donors, volunteers or participants nor do we maintain any credit card information.