



“Bridging Healthcare and Community”

NEMHS Charitable Foundation is a 501(c)(3) nonprofit Organization. Your contribution is tax deductible to the extent allowed by law.

Questions call: 406-768-6148

_____ **I wish to give towards the general fund to be used for yearly project.**

_____ **I wish to give in Memory of or in Honor of a loved one and please send acknowledgement.**

Date _____

Donation Information (please print)

Name	
Billing address	
City	
State, Zip Code	
Telephone	
E-Mail	

Donation Total: I am giving a total of \$ _____

I plan to make this contribution in the form of: _____ cash _____ check _____ credit card.

Credit card type	
Credit card number	
Expiration date / Verification code	/
Authorized signature	

Acknowledgement Information to be sent to Family of “In Memory” or Honorary person:

Send Acknowledgement in Honor, or in Memory to:

Name _____

Address, City, State, Zip Code _____

Please make checks payable and mail to:

NEMHS Charitable Foundation

PO Box 341

Poplar, MT 59255