

Your contribution is greatly appreciated!

Yes, I want to make a donation in support of sustainable healthcare in Pondera County in the amount of \$ _____. As a 501(c)3 organization, your gift to the foundation may be tax deductible.

Name: _____
Address: _____

Phone: _____
 I wish to remain anonymous

Make a Tribute or a Memorial:

Gift in memory of _____

Gift in honor of _____

Provide a name and address for our notification letter: _____

Method of Payment:
Cash _____ Check _____
Please make checks payable to the **Pondera Health Care Foundation**.

Detach and return to:



P.O. Box 802
Conrad, Montana 59425