

# ALLUVION HEALTH FOUNDATION

## DONOR INFORMATION

(your personal information is kept confidential)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL/WEBSITE: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

- I would prefer that my donation and/or my name be kept confidential.
- Please mail my tax receipt.

## CONTRIBUTION INFORMATION

(pledge levels on back side of page)

**One Time Donation**, in the amount of: \$ \_\_\_\_\_ , or

**Repeating Donation**, as follows

\$ \_\_\_\_\_ every: *month quarter year (please circle)*

Does your employer match donations? YES/NO

- Please make checks payable to Alluvion Health Foundation, 111 5th Ave North, Great Falls, MT 59401.
- Paying online at <https://alluvionhealth.org/foundation/>
- Please bill my credit card: *Visa Mastercard American Express Discover*  
Account Number: \_\_\_\_\_  
Expiration: \_\_\_\_\_

To discuss charitable giving pathways that deliver overall community health, contact Teresa Schreiner at 406-231-6521 or [tschreiner@alluvionhealth.org](mailto:tschreiner@alluvionhealth.org).

Pledges are conditional promises to give on behalf of the donor. The donor is not bound to this pledge until the payment is made. Thank you!

Alluvion Health Foundation is a Montana non-profit public charity with a 501(c)3 tax-exempt status from the IRS. Our EIN is 84-5066330. Donors can deduct contributions made to the Alluvion Health Foundation.

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## PLEDGE LEVELS

