

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.

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

