



Please complete this area:	
Name:	_____
Mailing Address:	_____
City:	_____ State: _____ Zip: _____
Day Phone:	_____
Evening Phone:	_____
Email:	_____

YES! I/We choose to support the "Building Hope" Campaign in support of Great Falls Clinic Legacy Foundation.

I/We commit to a total contribution of \$_____.

To be paid as follows:

- In full now**
- Or:**

\$_____ per _____ over a _____ year period.
(month, year, weekly, etc.) (up to 3)

I/We would like the first pledge payment due on _____.

Dated this _____ day of _____, 20_____.

By: _____
(Signature)

- I/We agree to the use of our names as donors. Please list as:**

Printed Name(s):	Signature(s):
_____	_____
_____	_____

- I/We prefer our gift be anonymous.**
- I/We would like this gift to be in honor of _____.**
Please acknowledge this gift by notifying them at this address:

- I/We would like this gift to be in memory of _____.**
Please notify _____ at this address:

- I/We would like to visit with a representative from the Foundation about the possibility of an Estate Gift.**

PLEASE RETURN TO: GFC LEGACY FOUNDATION, 3010 15TH AVENUE SOUTH, GREAT FALLS, MT 59405 or FAX to: 406-771-3021 or call: 406-771-3107.