


CATHOLIC FOUNDATION
of Eastern Montana **Donation Form**

*Questions?
Call 406-315-1765*

Name Mr. Mrs. Ms. Mr. and Mrs. Dr. Rev. Other: _____

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Street address and apartment number _____

City, state, and ZIP _____

Parish name _____

I wish to support the following endowment(s):

- Greatest Needs Endowment Caring for Our Priests Endowment
 Bishop's Endowment Seminarian Education Endowment
 My preferred parish/school/ministry endowment (please specify):

Enclosed is my gift of: \$ _____ Cash/check (enclosed)
 Credit card (below)

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Type of card (AmEx, Discover, MasterCard, Visa) _____

Card number _____

Expiration date (MM/YY) _____

Billing address (if different than above) _____

Phone number _____

3-digit security code _____

SIGNATURE _____

Please make check payable to the "Catholic Foundation of Eastern Montana." Donations to the Foundation are tax-deductible. You can also donate online! www.catholicfoundationmt.org/donate

- Email me a receipt Mail me a receipt Don't send a receipt

*Thank you for
your support!*

Mail to:

Catholic Foundation of Eastern Montana
PO Box 1345, Great Falls, MT 59403 • 406-315-1765