



DONATION FORM

*Endowing the Future
of Our Faith*

Donor Information (Please print):

Name Mr. Mrs. Ms. Mr. & Mrs. Rev.

Mailing Address

Email Address

City

State

Zip

Phone

Parish

Please mail the receipt to me Please e-mail the receipt to me Please don't send a receipt

Total Amount of Donation: \$ _____

Donation to be given as follows:

- The Greatest Need Greatest Needs Endowment
- Parish Assistance Endowment (Parishes most in need)
- Priest Retirement Endowment
- Seminarian Education Endowment
- Bishop's Endowment
- Youth and Young Adult Ministry Endowment
- Parish Endowment for (Specify Parish Name and Town) _____
- Other Endowment (Please Specify): _____

Please make check payable to:

*Catholic Foundation of
Eastern Montana
PO Box 1345
Great Falls, MT 59403-1345*

Credit/Debit Card



Cardholder Name: _____

Card Number:

_____ Exp. Date _____

Authorization Code _____

Signature of Cardholder:



Questions? Please contact Judy Held, Foundation President, at (406) 315-1765 or
judy@catholicfoundationmt.org