



Thank You for being a
Madison Valley Medical Center
Foundation “PARTNER”!

Make checks Payable to: MVMC Foundation
 Mail to: MVMC Foundation, PO Box 993,
 Ennis, MT 59729

Yes, I want to be a **FOUNDATION PARTNER** to assure that the Madison Valley Medical Center can continue to be a great health-care resource for me, my family and the community. Enclosed is a check for:

- \$25
 \$50
 \$100
 \$500
 \$1,000
 Other \$ _____

Partner Information (PLEASE PRINT)

Gift is From: _____
Your gift is acknowledged according to your wishes. The amount is not disclosed. Please print how your name(s) should appear on donor recognition, if different from above.

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Work Phone: () _____

E-Mail: _____ *Please Print*

You may also use a credit card to make your donation: call: (406) 682-6641 or fill out the information below - *for processing please be sure to fill in your (card billing) address information above*

- Visa
 MasterCard
 American Express

Expiration Date: _____

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