



NORTHWEST HEALTHCARE

Foundation

@KRMC

*In giving, you give hope to the future.*

I want to support the Northwest Healthcare Foundation with a gift of:

\$25    \$50    \$100    \$250    Other Amount \$\_\_\_\_\_

Please use my gift for the following purpose:

The Greatest Need    A.L.E.R.T.    Brendan House  
 Cancer Services    Cardiac Services    Hospice  
 The Summit    Other \_\_\_\_\_

Please bill my credit card: Amount \$\_\_\_\_\_  Visa    MC    AmEx    Discover

\_\_\_\_\_

Card #

\_\_\_\_\_

Exp. Date

\_\_\_\_\_

CVC# (on the back of the card)

I have made provisions in my estate for a gift to the Northwest Healthcare Foundation

Name \_\_\_\_\_ Phone (Day) \_\_\_\_\_

Address \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Please indicate how your name should appear for recognition purposes:

\_\_\_\_\_

**This gift is a tribute to another:**

In honor of

In memory of

\_\_\_\_\_

**Send tribute gift acknowledgment to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**The Northwest Healthcare Foundation is a private, 501(c)(3) charitable organization. All contributions are appreciated and are tax deductible as allowed by law. Please make checks payable to Northwest Healthcare Foundation. If you have any questions, please call our office at (406) 751-6930.**

**Mailing address: 310 Sunnyview Lane • Kalispell, MT • 59901**