

*Providing opportunities in recreation to enhance the lives of children and adults with disabilities.*



2822 3<sup>rd</sup> Avenue North Suite 203  
Billings, MT 59101  
406.245.5422

**ONLINE DONATION FORM**

To help provide opportunities for individuals with disabilities, I enclose a contribution of

\$ \_\_\_\_\_ for the work of Eagle Mount Billings.

Name \_\_\_\_\_  
Please print your name as you wish to be listed

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

I would like to make this donation:  in honor of or  in memory of:

\_\_\_\_\_  
Please acknowledge my gift to:

Name \_\_\_\_\_

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Additional Comments:

- I prefer to make my gift anonymously.
- I/We enclose a check for: \$ \_\_\_\_\_  
Please make checks payable to: Eagle Mount Billings
- Please bill my credit card: \$ \_\_\_\_\_  
 Visa  MasterCard  American Express

Card # \_\_\_\_\_

Name \_\_\_\_\_ Exp. Date \_\_\_\_\_  
(as it appears on card)

Signature \_\_\_\_\_

My company will match my gift in the amount of: \$ \_\_\_\_\_

To charge your gift by phone or for more information, please call (406) 245-5422

Please either complete this form online and print it out, or print it and fill it in ink. The form requires your signature for credit card payments. Fax this form to us at (406) 245-4390 (credit card only) or mail it with your check or credit card information to: Eagle Mount Billings, 2822, 3<sup>rd</sup> Avenue North, Suite 203, Billings, MT 59101.

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