Madison Valley Medical Center
Foundation

Join the Cornerstone Club ❑ Quarterly Giving

The foundation of every life we touch

Yes, I would like to join the Cornerstone Club with an annual pledge of $_____.

The Foundation will bill Cornerstone Club members quarterly: January, April, July & October

Donor Information *(PLEASE PRINT)*

Gift is From:_____

Please print how your name(s) should appear on donor recognition, if different from above.

_____

Address:_____

Address 2:_____

City:_____ State: _____ Zip:_____

Home Phone: ( )_____

Work Phone: ( )_____

E-Mail: _____

❑ My quarterly gift check of *$*_____is enclosed.

I will look for my quarterly bill at the address above.

Make checks Payable to: MVMC Foundation

❑ I authorize quarterly credit card payments *of $*_____

Transactions occur on the 15th and continue quarterly unless written notification requesting termination is received.

For processing please be sure to fill in your (card billing) address information above.

❑ Visa ❑ MasterCard Expiration Date: _____

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_____

Signature

Thank you!

Your gifts to the Madison Valley Medical Center Foundation are tax deductible. For more information please call (406) 682-6641or 6630 or E-Mail: foundation@mvmcf.org. Visit us on the web—The Foundation at www.mvmcf.org or the Medical Center at www.mvmedcenter.org.

Please mail this form to: **The Madison Valley Medical Center Foundation**
PO Box 993
Ennis, Montana 59729

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