

# “Friends of FMC Foundation”

In support of Fallon Medical Complex, I/we would like to give or pledge  
\$ \_\_\_\_\_

Enclosed is \$ \_\_\_\_\_

Pledge payments will be made:

Annually     Semi-Annually     Quarterly     Monthly

in the amounts of \$ \_\_\_\_\_, or as follows \_\_\_\_\_

Name (s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to Friends of FMC Foundation and Mail to:

“Friends of FMC Foundation”    Box 820, Baker, MT    59313

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