

“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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