



# St. Luke Community Healthcare Foundation

The **HEART** of the Mission Valley

## DONATION FORM

Please mail this completed form with your check payable to St. Luke Foundation or credit card information to:

St. Luke Community Healthcare Foundation  
Attention Gayle Wilhelm  
107 6<sup>th</sup> Ave. SW  
Ronan, Montana 59864

Or call us at 406.528.5324 or [gwilhelm@stlukehealthnet.org](mailto:gwilhelm@stlukehealthnet.org)

I want to support the St. Luke Community Healthcare by donating \$ \_\_\_\_\_  
to the St. Luke Foundation

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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address \_\_\_\_\_

Please charge my Credit Card

Visa       MasterCard       Discover       American Express

Name on the Card: \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code on the back \_\_\_\_\_

Signature \_\_\_\_\_

This gift is in Honor or Memory of: \_\_\_\_\_

I wish to remain anonymous

Please contact me about other ways to give.

Phone (406) 676-4441 ♥ FAX (406) 676-0835 ♥ 107 6<sup>TH</sup> Ave. S.W. ♥ Ronan, MT 59864 ♥  
[www.stlukehealthnet.org](http://www.stlukehealthnet.org)